

Chiropractic Insurance Reimbursement Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Phone Number]

[Your Email Address]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Re: Chiropractic Service Reimbursement Request

Dear [Insurance Company Name or Claims Department],

I am writing to formally request reimbursement for chiropractic services I received on [insert date(s) of service]. My policy number is [insert policy number], and the claim number is [insert claim number, if applicable].

The services were provided by [Chiropractor's Name], located at [Chiropractor's Address]. I have attached all necessary documentation, including the itemized bill, proof of payment, and any other relevant information.

Please let me know if you require any additional information to process this claim. I appreciate your prompt attention to this matter and look forward to your response.

Thank you.

Sincerely,

[Your Name]