

Request for Reimbursement

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Company/Insurance Name]

[Company Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to formally request reimbursement for medical expenses incurred due to a slip and fall injury that occurred on [date of incident] at [location of incident].

Due to the accident, I sustained injuries that required medical attention including [brief description of injuries]. Attached are copies of my medical bills and any relevant documentation regarding the incident.

The total amount I am requesting for reimbursement is [total amount]. I would appreciate your prompt attention to this matter and look forward to your response.

Thank you for your consideration.

Sincerely,

[Your Name]

[Signature (if sending a hard copy)]