

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to inquire about the status of my pending medical reimbursement claim submitted on [Date of Submission]. The claim reference number is [Claim Number].

As of today, I have not yet received any updates regarding the approval or disbursement of this claim. Given that the medical expenses incurred were for [briefly describe medical service], I would appreciate any information you can provide on the timeline for processing my reimbursement.

If there are any additional documents or information required from my side to expedite this process, please let me know.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]