

Medical Expense Reimbursement Follow-Up

Date: [Insert 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 follow up on the medical expense reimbursement submission that I made on [Insert Submission Date]. According to my records, I have not received an update regarding this claim and would like to inquire about the status.

The specifics of the expenses are outlined below:

- Date of Service: [Insert Date]
- Description of Service: [Insert Description]
- Amount: [Insert Amount]

Please let me know if any additional information is required to expedite the processing of my reimbursement claim. I appreciate your attention to this matter and look forward to hearing from you soon.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Contact Information]

[Your Address]