

# Reimbursement Eligibility Inquiry

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Insurance Company's Name]

[Insurance Company's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to inquire about the reimbursement eligibility for certain medical expenses I incurred on [Insert Date of Service]. The treatments were provided by [Provider's Name] for [Brief Description of Medical Condition/Service].

According to my understanding of my policy, I am eligible for reimbursement for these types of services. However, I would appreciate if you could confirm the eligibility criteria and any additional documentation you may require to process my reimbursement request.

Below are the details regarding the expenses:

- Date of Service: [Insert Date]
- Provider Name: [Provider's Name]
- Service Details: [Details of Service/Treatment]
- Total Amount: [Total Amount Charged]

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

Sincerely,

[Your Name]