

Medical Expense Reimbursement Request

Date: [Insert Date]

To: [Insurance Company Name]

Attn: Claims Department

Address: [Insurance Company Address]

Policy Number: [Insert Policy Number]

Claim Number: [Insert Claim Number]

Dear Claims Department,

I am writing to request reimbursement for medical expenses incurred from alternative therapies that I have undergone as part of my healthcare treatment. These expenses were for services that I believe are necessary for my well-being and recovery.

Details of the treatments are as follows:

- Date of Treatment: [Insert Date]
- Type of Therapy: [Insert Type of Therapy]
- Provider Name: [Insert Provider Name]
- Total Amount Billed: [Insert Amount]

Attached are the receipts and documentation supporting these expenses.

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

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]