

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Request for Medical Expense Reimbursement

Dear [Insurance Company Name],

I am writing to formally request reimbursement for medical expenses incurred during my recent hospital stay at [Hospital Name] from [Admission Date] to [Discharge Date]. My policy number is [Policy Number].

Total expenses for the hospital stay amount to [Total Amount]. Attached are the copies of all relevant bills and documents that support my claim.

I would appreciate your prompt attention to this matter and look forward to your response. Should you need any more information, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your assistance.

Sincerely,

[Your Name]