

Medical Expense Reimbursement Request

Date: [Insert Date]

To: [Insert Name of Insurance Provider/Employer]

Address: [Insert Address of Insurance Provider/Employer]

Dear [Insert Name or Appropriate Title],

I am writing to formally request reimbursement for medical expenses incurred on [Insert Date(s) of Service] for treatment related to [Insert Description of Medical Condition or Service]. These expenses were paid out-of-pocket, and I would like to submit them for your review.

Details of Expenses:

- Service Provider: [Insert Provider's Name]
- Date of Service: [Insert Date]
- Description of Service: [Insert Description]
- Total Amount: \$[Insert Amount]

Attached are the receipts and statement of the services rendered. I believe these costs are eligible for reimbursement as per my policy with [Insert Insurance Provider Name].

Please let me know if you require any further information or documentation to process this request. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Address]

[Your Email]

[Your Phone Number]