

Medical Expense Reimbursement Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To Whom It May Concern,

I am writing to request reimbursement for medical expenses incurred for prescription medication as per my health insurance policy. Below are the details of the medication and expenses:

Medication Name	Prescription Date	Pharmacy Name	Amount Paid
[Medication Name]	[Prescription Date]	[Pharmacy Name]	[Amount Paid]

Attached are the receipts and any necessary documentation for your review. Please let me know if you require any further information or additional documentation.

Thank you for your assistance in this matter.

Sincerely,

[Your Name]