

Medical Expense Reimbursement Request

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request reimbursement for medical expenses incurred as a self-employed individual. As part of my business, I have incurred certain medical costs that are eligible for reimbursement.

Below is a breakdown of the medical expenses:

- Date of Service: [Insert Date]
- Provider: [Insert Provider's Name]
- Type of Service: [Insert Type of Service]
- Amount Paid: \$[Insert Amount]

Attached, please find the detailed invoices and receipts supporting these expenses for your reference.

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

Thank you for your consideration.

Sincerely,

[Your Name]

[Your Business Name]

[Your Address]

[City, State, Zip Code]