

Medical Expense Reimbursement Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To: [Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear Claims Department,

I am writing to formally request reimbursement for medical expenses incurred during travel related to my medical treatment. Below, I have outlined the details of the expenses:

- **Patient Name:** [Patient Name]
- **Policy Number:** [Policy Number]
- **Travel Dates:** [Start Date] to [End Date]
- **Destination:** [City, State]
- **Reason for Travel:** [Brief Explanation of Treatment]

The total expenses for travel amounted to \$[Amount]. Attached are the receipts and documentation to support my request.

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

Sincerely,

[Your Name]