

Insurance Reimbursement Request for Medical Expenses

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Claims Department/Specific Contact Name],

I am writing to formally request reimbursement for medical expenses incurred on [date of service]. The details of the expenses are as follows:

- **Provider Name:** [Provider's Name]
- **Service Date:** [Date of Service]
- **Service Description:** [Description of Services Rendered]
- **Invoice/Receipt Number:** [Invoice Number]
- **Total Amount:** \$[Total Amount]

Attached are copies of all relevant documents, including invoices and receipts for your review. My policy number is [Your Policy Number]. Please let me know if you require any additional information or documentation to process this request.

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

Sincerely,

[Your Signature (if sending hard copy)]

[Your Name]