

Insurance Reimbursement Request for Travel Expenses

Your Name

Your Address

City, State, ZIP Code

Email Address

Phone Number

Date: [Insert Date]

Insurance Company Name

Insurance Company Address

City, State, ZIP Code

Dear Claims Department,

I am writing to formally request reimbursement for travel expenses incurred while seeking medical treatment covered under my insurance policy (Policy Number: [Insert Policy Number]).

Details of the expenses are as follows:

- **Date of Travel:** [Insert Date]
- **Destination:** [Insert Location]
- **Purpose of Travel:** Medical Appointment
- **Expense Type:** [e.g., Gas, Airfare, Lodging, Meals]
- **Total Amount:** \$[Insert Amount]

Attached are the receipts and documentation related to these expenses for your review.

I would appreciate your prompt attention to this matter. Please let me know if you require any additional information or documentation.

Thank you for your assistance.

Sincerely,

[Your Name]