

Health Savings Account Documentation Request

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

City, State, Zip: [City, State, Zip]

Dear [Insurance Representative's Name],

I am writing to formally request the necessary documentation to support my Health Savings Account (HSA) claims for the period of [Insert Date Range]. My account number is [Insert Account Number].

As per the guidelines of my HSA insurance plan, I am required to provide specific documentation regarding [briefly explain the nature of the claims, e.g., medical expenses, reimbursements, etc.]. To proceed with my claims, I kindly ask for the following documents:

- [List specific documents needed, e.g., Explanation of Benefits, receipts, etc.]
- [Document 2]
- [Document 3]

Thank you for your attention to this request. I appreciate your prompt assistance and look forward to your reply. Should you have any questions or require additional information, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip]

[Your Phone Number]

[Your Email Address]