

Fraud Investigation Application for Reimbursement Claims

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient Name]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request a review of my reimbursement claims submitted on [insert submission date], which have recently come under scrutiny for potential fraud. I believe that these claims are legitimate and require a thorough investigation to validate my request for reimbursement.

Claim Details:

- Claim Number: [Insert Claim Number]
- Date of Service: [Insert Date]
- Amount: [Insert Amount]

I have enclosed all relevant documentation for your review, including but not limited to receipts, medical records, and any correspondence related to these claims. It is important to me that this matter is resolved promptly and fairly, as it directly impacts my financial situation.

Please do not hesitate to contact me at [Your Phone Number] or [Your Email] should you require any further information or clarification regarding the claims in question.

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

Sincerely,

[Your Name]