

# Guaranteed Payment Request for Medical Services

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Recipient's Title]

[Insurance Company/Organization Name]

[Insurance Company Address]

[City, State, Zip Code]

## **Subject: Request for Guaranteed Payment**

Dear [Recipient's Name],

I am writing to formally request guaranteed payment for medical services provided to [Patient's Name] on [Service Date] at [Provider's Name or Facility]. The treatments rendered included [briefly list services or procedures].

The total amount due for these services is [Total Amount], and as per our prior arrangement, I kindly request you to confirm that this amount will be covered under the existing policy. Attached are copies of the relevant documents including the invoice, medical reports, and any other necessary information.

Thank you for your prompt attention to this matter. I look forward to receiving your confirmation of the guaranteed payment at your earliest convenience.

Sincerely,

[Your Name]