

Compensatory Damages Calculation for Medical Expense Reimbursement

Date: [Insert Date]

To: [Insert Recipient's Name]

[Insert Recipient's Address]

Dear [Recipient's Name],

I am writing to provide you with a detailed calculation of compensatory damages pertaining to medical expenses incurred due to [brief description of the incident, e.g., an accident]. Below is a summary of the medical expenses for reimbursement:

Medical Expense Breakdown

Date of Service	Provider	Description of Service	Amount Charged	Amount Paid
[Date]	[Provider Name]	[Service Description]	[\$Amount Charged]	[\$Amount Paid]
[Date]	[Provider Name]	[Service Description]	[\$Amount Charged]	[\$Amount Paid]

Total Calculation

Total Amount Charged: \$[Total Amount Charged]

Total Amount Paid: \$[Total Amount Paid]

Amount Due for Reimbursement: \$[Amount Due]

Please review the attached documents for additional details and supporting paperwork, including receipts and medical records. I appreciate your prompt attention to this matter and look forward to your response.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]