

Medical Expenses Reimbursement Request

Date: [Insert Date]

To:

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Claims Adjuster's Name],

I hope this letter finds you well. I am writing to formally request reimbursement for medical expenses incurred as a result of an aviation accident that occurred on [Insert Date of Accident]. My policy number is [Insert Policy Number].

Due to the incident, I received medical treatment for the following injuries:

- [Description of Injury 1]
- [Description of Injury 2]
- [Description of Injury 3]

Enclosed are the relevant medical bills, treatment records, and proof of payment totaling [Insert Total Amount]. I have ensured that all documents adhere to the requirements outlined in my policy.

I kindly request that the reimbursement be processed at your earliest convenience. Should you need any additional information or documents, please feel free to contact me at [Your Phone Number] or [Your Email Address].

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

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]