

# Health Insurance Reimbursement Claim for Outpatient Treatment

**Your Name:** John Doe

**Your Address:** 123 Main Street, Cityville, ST 12345

**Email:** johndoe@email.com

**Phone Number:** (123) 456-7890

**Date:** October 5, 2023

**To,**  
The Claims Department  
Health Insurance Company  
456 Insurance Blvd,  
Cityville, ST 12345

**Subject:** Health Insurance Reimbursement Claim for Outpatient Treatment

Dear Claims Manager,

I am writing to formally submit my claim for reimbursement of outpatient treatment expenses incurred on September 20, 2023, for my recent medical consultation and treatment.

## Details of the Treatment:

- **Date of Treatment:** September 20, 2023
- **Provider:** Dr. Smith Medical Center
- **Total Amount Billed:** \$200.00

Attached to this letter are the following documents to support my claim:

- Original bills and invoices from the medical provider
- Payment receipt
- Claim form duly filled
- Doctor's referral, if applicable

I kindly request the reimbursement of the amount as per the terms of my health insurance policy. Please let me know if you require any further information or documentation to process this claim.

Thank you for your prompt attention to this matter.

Sincerely,

John Doe