

Health Insurance Reimbursement Documentation Checklist

Date: [Insert Date]

To: [Insurance Company Name]

From: [Your Name]

Address: [Your Address]

Policy Number: [Your Policy Number]

Documentation Checklist:

- Completed reimbursement form
- Original receipts for all medical expenses
- Copy of the medical service provider's invoice
- Proof of payment (e.g., bank statement, credit card payment slip)
- Any referral or authorization letters, if applicable
- Medical records, if required

Please ensure that all documentation is attached and submitted to facilitate a smooth reimbursement process.

Thank you for your attention to this matter. If you require any further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Name]