

Health Insurance Reimbursement Request

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Policy Number: [Insert Policy Number]

Dear Claims Department,

I am writing to formally request reimbursement for emergency medical services received on [Date of Service] at [Name of Hospital/Facility]. Due to a medical emergency, I was unable to obtain prior authorization.

The details of the services provided are as follows:

- Date of Service: [Insert Date]
- Facility Name: [Insert Facility Name]
- Services Rendered: [Brief Description of Services]
- Total Amount Charged: [Insert Amount]

Attached, please find the following documents to assist with the reimbursement process:

- Itemized bills from the healthcare provider
- Medical records related to the emergency services
- Proof of payment

According to my policy [Insert Policy Number], such emergency services are covered, and I kindly request that you process this claim at your earliest convenience.

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

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]