

Health Insurance Reimbursement Request

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]

Date: [Insert Date]

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Dear Claims Department,

I am writing to request reimbursement for therapy sessions that I attended from [start date] to [end date]. I have attached the necessary documentation, including receipts and treatment summaries, for your review.

Details of the therapy sessions are as follows:

- **Provider Name:** [Therapist's Name]
- **Provider License Number:** [License Number]
- **Session Dates:** [List of Dates]
- **Total Amount Paid:** \$[Total Amount]

My policy number is [Policy Number]. I would appreciate your assistance in processing this claim promptly. Please let me know if you require any additional information.

Thank you for your attention to this matter.

Sincerely,

[Your Name]