

Health Expense Reimbursement Application

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Recipient Name]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to request reimbursement for health expenses incurred for which I have already paid out of pocket. Below are the details of the expenses:

- **Date of Service:** [Date]
- **Description:** [Description of Service]
- **Provider:** [Provider Name]
- **Amount Paid:** [\$Amount]
- **Receipt Attached:** Yes

This reimbursement request falls under my health benefits policy, and I kindly ask for the processing of this claim at your earliest convenience. Please let me know if you require any additional information or documentation.

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

Sincerely,

[Your Name]