

Healthcare Expense Reimbursement Request

Date: **[Insert Date]**

To: **[Insurance Company Name]**

Address: **[Insurance Company Address]**

Dear Claims Department,

I am writing to request reimbursement for healthcare expenses incurred on **[Insert Date(s) of Service]** for **[Patient's Name]**, policy number **[Policy Number]**.

Details of Expenses:

- Service Provider: **[Provider Name]**
- Date of Service: **[Date]**
- Description of Service: **[Service Description]**
- Amount Charged: **[Amount]**
- Amount Paid: **[Amount Paid]**

Attached are copies of all relevant documentation, including:

- Itemized bills
- Receipts
- Insurance claim forms

Please process this reimbursement request at your earliest convenience. If you require any additional information, feel free to contact me at **[Your Phone Number]** or **[Your Email Address]**.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]