

# Medical Cost Reimbursement Request

Date: [Insert Date]

To: [Insurance Company/HR Department]

From: [Your Name]

[Your Address]

[City, State, Zip Code]

Email: [Your Email]

Phone: [Your Phone Number]

## **Subject: Request for Medical Cost Reimbursement for Dependent Care**

Dear [Recipient's Name],

I am writing to formally request reimbursement for medical expenses incurred for my dependent, [Dependent's Name], who is covered under my health insurance policy (Policy Number: [Policy Number]).

The details of the incurred expenses are as follows:

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

Attached to this letter are the relevant receipts and documentation needed for the reimbursement process.

Please let me know if you require any further information or additional documentation. I appreciate your prompt attention to this matter and look forward to your response.

Thank you.

Sincerely,

[Your Name]