

Medical Costs Reimbursement Request

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Policy Number: [Insert Policy Number]

Claim Number: [Insert Claim Number]

Dear [Insurance Adjuster's Name],

I am writing to formally request reimbursement for medical costs related to a surgical procedure I underwent on [Insert Date of Surgery]. The procedure was performed at [Insert Hospital/Clinic Name] and was medically necessary as diagnosed by [Insert Doctor's Name].

Below are the details of the surgical procedure:

- **Procedure Name:** [Insert Procedure Name]
- **Date of Procedure:** [Insert Date]
- **Provider Name:** [Insert Provider Name]
- **Total Cost:** [Insert Total Cost]

Attached are the following documents for your reference:

- Invoice from the hospital/clinic
- Medical records and prescriptions related to the procedure
- Any additional supporting documents

I kindly request that you process this reimbursement at your earliest convenience. Should you need any more information or documentation, please do not hesitate to contact me at [Insert Your Phone Number] or [Insert Your Email Address].

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

Sincerely,

[Your Name]

[Your Address]

[Your City, State, Zip Code]

[Your Phone Number]

[Your Email Address]