

Medical Expense Reimbursement Follow-Up

Date: [Insert Date]

Claimant Name: [Insert Name]

Claimant Address: [Insert Address]

Claim Number: [Insert Claim Number]

Dear [Claims Department/Specific Person's Name],

I hope this message finds you well. I am writing to follow up regarding my claim for medical expenses submitted on [Insert Submission Date]. As of today, I have not received any updates or reimbursement for the outstanding claims totaling [Insert Amount].

The details of the claim are as follows:

- Provider: [Insert Provider's Name]
- Date of Service: [Insert Date]
- Amount Billed: [Insert Amount Billed]

I would appreciate if you could provide an update on the status of my claim at your earliest convenience. If any further information is required from my side, please let me know.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Contact Information]