

# Medical Reimbursement Request for Emergency Services

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]

[Date]

[Insurance Company Name]  
[Insurance Company Address]  
[City, State, Zip Code]

Dear Claims Department,

I am writing to formally request the reimbursement of expenses incurred due to emergency medical services received on [Date of Service]. My policy number is [Your Policy Number].

Details of the service are as follows:

- **Date of Service:** [Date]
- **Type of Service:** Emergency Medical Services
- **Total Amount Billed:** \$[Amount]

Attached are copies of all relevant documents, including the bill from [Provider Name], payment receipts, and any other necessary information for your review.

I appreciate your prompt attention to this matter and look forward to your swift response. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you need any additional information.

Thank you for your assistance.

Sincerely,

[Your Name]