Medical Reimbursement Claim Letter

Subject: Medical Expense Reimbursement Claim

Dear Benefits Administrator,

I am requesting reimbursement for out-of-pocket medical expenses incurred for [treatment/procedure/medication] on [Date(s) of Service].

Due to [explain circumstances: emergency situation, out-of-network provider necessity, pre-authorization delay, etc.], I was required to pay for these medical services directly. The total amount paid was $[Amount].

Treatment details:

Provider: [Healthcare Provider Name]

Service: [Description of medical service]

Diagnosis: [Condition/Diagnosis]

Medical necessity: [Brief explanation]

I have attached the following documentation:

- Itemized medical bills
- Proof of payment (receipts/cancelled checks)
- Explanation of Benefits (EOB) if partially covered
- Doctor's letter of medical necessity
- Prescription information (if applicable)

According to my policy benefits, [specify coverage details], I am eligible for reimbursement of [percentage or amount]. Please process this claim and issue payment to [preferred method: direct deposit/check].

If additional information is required, please contact me immediately at [Phone] or [Email].

Thank you,

[Your Name]

[Policy/Member ID Number]

[Group Number]