

Dependent reimbursement claim letter

Subject: Reimbursement Claim for Dependent's Medical Expenses

Dear [Insurance Officer's Name],

I am writing to submit a reimbursement claim for medical expenses incurred for my dependent, [Dependent's Name], covered under my insurance policy [Policy Number]. The treatment took place at [Hospital/Clinic Name] on [Date], with total expenses amounting to [Amount].

Please find attached all required documents, including bills, discharge summary, and receipts. I

kindly request you to process the reimbursement in accordance with the policy terms.

Thank you for your support.

Sincerely,

[Your Name]

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