## Instruction: This is a model letter. Adapt to fit your facts and circumstances.

Date

Name Address Line 1 Address Line 2 City, State Zip Code

## **Re:** List of Medical Expenses

Dear Name:

Enclosed herewith is a list of medical expenses. You will also find copies of checks which we are uncertain as to how much of these checks are for medical expenses. You need to talk with Name to figure out how much of these checks are actual medical expenses.

Sincerely,

Name

BY:

Name

/ Enclosures