

**REQUEST FOR INSURANCE REIMBURSEMENT TO MYSELF**

TODAY'S DATE: \_\_\_\_\_

TO: (your insurance co. and address) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

FROM: (your name, address, phone) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Insurance Policy No: \_\_\_\_\_ Group No: \_\_\_\_\_

Any additional insurance identifiers: \_\_\_\_\_

- I have received and paid for counseling/psychotherapy services by a licensed mental health professional as documented on the enclosed superbills for the following dates of service: (List dates enclosed)

- Please mail reimbursement for these covered services **directly to me** at the above address.

Any additional information: \_\_\_\_\_

\_\_\_\_\_

- Please note that Maine Law requires claims to be paid within 30 days or interest is due.

Thank you.

(signature) \_\_\_\_\_

(name printed) \_\_\_\_\_

**SUGGESTION: Retain copies of everything submitted.**