

Comprehensive health insurance billing coding and reimbursement Handbook

Comprehensive health insurance billing coding and reimbursement are fundamental components of the healthcare financial ecosystem. They ensure that healthcare providers receive appropriate compensation for services rendered while maintaining compliance with complex regulations. Understanding the intricacies of billing, coding, and reimbursement processes is essential for healthcare administrators, providers, and billing specialists aiming to optimize revenue cycle management and reduce claim denials.

This article delves into the core aspects of health insurance billing and coding, explores the various reimbursement models, and offers best practices to enhance accuracy and efficiency.

Understanding Health Insurance Billing and Coding

What is Healthcare Billing?

Healthcare billing is the process of submitting claims to insurance companies or payers for reimbursement of services provided to patients. It involves compiling detailed information about patient demographics, procedures performed, diagnoses, and other relevant data to create a bill that accurately reflects the care delivered.

What is Medical Coding?

Medical coding converts healthcare diagnoses, procedures, services, and equipment into standardized alphanumeric codes. These codes facilitate efficient communication between providers and payers and form the basis for reimbursement calculations.

Types of Medical Codes Used

- **ICD-10-CM (International Classification of Diseases, 10th Revision, Clinical Modification):** Used to document diagnoses and reasons for encounters.
- **CPT (Current Procedural Terminology):** Captures procedures, services, and tests performed.
- **HCPCS (Healthcare Common Procedure Coding System):** Includes codes for supplies, equipment, and certain services not covered by CPT.

Key Components of Billing and Coding Processes

- **Patient Registration:** Collecting accurate demographic and insurance information.
- **Documentation:** Recording detailed clinical notes and documentation supporting diagnoses and procedures.
- **Code Assignment:** Applying appropriate ICD-10, CPT, and HCPCS codes based on documentation.
- **Claim Preparation:** Creating claims with all required information, ensuring compliance with payer guidelines.
- **Claim Submission:** Sending claims electronically or via paper to payers.
- **Reconciliation and Follow-up:** Tracking claim status, appealing denied claims, and ensuring timely reimbursement.

Reimbursement Models and Strategies

Fee-for-Service (FFS)

The traditional model where providers are paid for each service, test, or procedure performed. It emphasizes volume and can lead to overutilization if not carefully managed.

Value-Based Reimbursement

Aims to incentivize quality over quantity by linking payment to patient outcomes, care coordination, and efficiency. Examples include:

- Accountable Care Organizations (ACOs)
- Bundled Payments
- Pay-for-Performance (P4P) Programs

Capitation

Providers receive a fixed amount per patient regardless of the number of services provided, encouraging cost-effective care.

Challenges in Healthcare Billing and Reimbursement

- **Claim Denials and Rejections:** Errors in coding, missing information, or non-compliance can result in unpaid claims.
- **Complex Regulations:** Frequent updates to coding standards and payer policies require ongoing staff training.
- **Delayed Payments:** Inefficient workflows can cause cash flow issues.

- **Fraud and Abuse Risks:** Ensuring accurate coding to prevent legal issues.

Best Practices for Effective Billing, Coding, and Reimbursement

Accurate and Complete Documentation

- Ensure clinical notes thoroughly support all codes assigned.
- Use standardized templates to streamline data capture.
- Regularly review documentation practices to align with coding requirements.

Regular Training and Education

- Keep billing and coding staff updated on changes in ICD-10, CPT, and payer policies.
- Promote continuous learning about documentation standards and compliance.

Utilize Advanced Technology

- Implement Electronic Health Records (EHR) with integrated coding tools.
- Use billing software with built-in edits and validation checks.
- Automate claim submission and tracking to reduce errors and improve turnaround time.

Perform Routine Audits and Compliance Checks

- Conduct internal audits to identify coding inaccuracies or compliance issues.
- Address patterns of denials proactively by adjusting workflows.

Engage in Denial Management and Appeals

- Analyze reasons for claim denials to implement corrective actions.
- Develop a structured process for appealing denied claims to maximize reimbursements.

Future Trends in Healthcare Billing and Reimbursement

- **Artificial Intelligence and Machine Learning:** Enhancing coding accuracy and predictive analytics for denials.

- **Interoperability and Data Exchange:** Improving data sharing between providers and payers.
- **Patient-Centric Billing:** Increasing transparency and offering flexible payment options to improve collections.
- **Regulatory Changes:** Staying compliant with evolving healthcare laws and policies.

Conclusion

Effective management of comprehensive health insurance billing, coding, and reimbursement is vital for sustaining healthcare operations and ensuring providers are compensated fairly. By understanding the complexity of coding standards, embracing technological advancements, adhering to compliance standards, and adopting best practices, healthcare organizations can optimize revenue cycles, reduce claim denials, and improve overall financial health. Staying informed about industry trends and regulatory updates will ensure continued success in this dynamic and ever-evolving field.

Comprehensive health insurance billing, coding, and reimbursement are fundamental components of the healthcare revenue cycle management process. These interconnected elements ensure that healthcare providers are accurately compensated for the services they deliver while maintaining compliance with complex regulations. Navigating this intricate landscape requires a deep understanding of coding systems, billing procedures, insurance policies, and reimbursement methodologies. This guide aims to shed light on the critical aspects of these processes, offering a detailed overview suitable for healthcare professionals, administrative staff, and students alike.

Understanding the Foundations of Health Insurance Billing, Coding, and Reimbursement

At its core, comprehensive health insurance billing, coding, and reimbursement involve translating clinical services into standardized codes, submitting claims to payers, and receiving payment based on contractual and regulatory agreements. Missteps in any step can lead to delays, denials, or underpayment, making mastery of each element essential.

The Role of Medical Coding in Healthcare Billing

What Is Medical Coding?

Medical coding is the process of transforming healthcare diagnoses, procedures, services, and equipment into universally recognized alphanumeric codes. These codes are used to communicate information between providers, payers, and other entities, ensuring clarity, consistency, and accuracy.

Key Coding Systems

- ICD (International Classification of Diseases): Used primarily for diagnoses. The latest version, ICD-10-CM, contains thousands of codes capturing detailed patient conditions.
- CPT (Current Procedural Terminology): Developed by the American Medical Association, CPT codes describe medical procedures and services.
- HCPCS (Healthcare Common Procedure Coding System): Supplements CPT codes, especially for supplies, equipment, and certain services like ambulance or durable medical equipment (DME).

Why Accurate Coding Matters

- Ensures proper reimbursement
- Reduces claim denials and rework
- Supports compliance with regulatory standards
- Facilitates data collection for research and quality improvement

The Billing Process: From Clinical Documentation to Claim Submission

Step 1: Clinical Documentation

The process begins with accurate and detailed clinical documentation by healthcare providers. Proper documentation supports the codes assigned and provides justification for services rendered.

Step 2: Code Assignment

Billers review documentation to assign appropriate ICD, CPT, and HCPCS codes. This step requires thorough knowledge of coding guidelines and payer policies.

Step 3: Claim Preparation

Once codes are assigned, they are incorporated into a claim form—most commonly the CMS-1500 for outpatient services or the UB-04 for inpatient billing—and reviewed for accuracy and completeness.

Step 4: Claim Submission

Claims are submitted electronically via clearinghouses or directly to payers. Efficient submission reduces delays and minimizes errors.

Step 5: Claim Adjudication

Payers review claims to verify coverage, code appropriateness, medical necessity, and compliance.

They then determine the amount payable.

Step 6: Explanation of Benefits (EOB) and Payment

The payer issues an EOB detailing what was paid, denied, or adjusted. Payments are then posted to the provider's accounts.

Reimbursement Methodologies and Strategies

Types of Reimbursement Models

- Fee-for-Service (FFS): Providers are paid for each individual service or procedure.
- Capitation: Providers receive a set amount per patient regardless of services used.
- Bundled Payments: A single payment covers multiple related services over an episode of care.
- Value-Based Care: Reimbursements are tied to patient outcomes and quality metrics.

Factors Influencing Reimbursement

- Contractual agreements and fee schedules
- Payer policies and prior authorization requirements
- Medical necessity and documentation quality
- Coding accuracy and compliance

Optimizing Reimbursement

- Maintaining up-to-date knowledge of coding changes
- Ensuring detailed and accurate documentation
- Verifying patient coverage and benefits upfront
- Regularly auditing billing practices for compliance
- Utilizing technology solutions for automated coding and claim submission

Common Challenges in Healthcare Billing and Reimbursement

Denials and Rejections

Often caused by incorrect codes, missing documentation, or coverage issues. Addressing these requires detailed denial management processes.

Fraud and Abuse Risks

Inaccurate coding or billing practices can lead to legal issues. Adherence to regulations like the False Claims Act and Anti-Kickback Statute is essential.

Regulatory Compliance

Healthcare billing must comply with HIPAA, CMS guidelines, and payer-specific policies, necessitating continuous staff training and audits.

Best Practices for Effective Healthcare Billing and Coding

- Stay Informed: Regular updates on coding changes, payer policies, and regulations.
- Invest in Training: Ongoing education for coding and billing staff.
- Leverage Technology: Use electronic health records (EHR), billing software, and automation tools.
- Enhance Documentation: Encourage providers to document thoroughly and clearly.
- Perform Regular Audits: Identify and correct errors proactively.
- Establish Clear Communication: Between clinical and billing teams to ensure understanding of documentation needs.

The Future of Health Insurance Billing and Reimbursement

Advancements in technology, such as artificial intelligence and machine learning, are poised to transform billing accuracy and efficiency. Additionally, the shift toward value-based care emphasizes outcomes over volume, requiring new metrics and reporting standards. Transparency initiatives aim to improve patient understanding of costs and coverage, further influencing billing practices.

Conclusion

Comprehensive health insurance billing, coding, and reimbursement are complex but vital components of the healthcare revenue cycle. Mastery of coding systems, accurate documentation, efficient claim submission, and strategic reimbursement approaches are essential for financial sustainability and compliance. As the healthcare landscape evolves, staying informed and adaptable will ensure providers can navigate challenges and optimize revenue streams effectively. Whether you're a billing specialist, a clinician, or a healthcare administrator, understanding these interconnected processes is key to delivering quality care and maintaining operational success.

Question What are the key components of comprehensive health insurance billing and coding? The key components include accurate coding of diagnoses and procedures using ICD-10

and CPT codes, proper documentation, claim submission processes, payer-specific billing requirements, and correct reimbursement procedures. How does proper coding impact reimbursement in health insurance billing? Accurate coding ensures that healthcare providers are reimbursed appropriately for services rendered. Incorrect or incomplete codes can lead to claim denials, delays, or underpayment, affecting revenue cycle management. What are common challenges faced in comprehensive health insurance billing and how can they be addressed? Common challenges include coding errors, claim denials, delayed payments, and documentation issues. These can be addressed through staff training, regular audits, proper documentation practices, and staying updated on coding changes and payer policies. How do reimbursement policies vary across different health insurance plans? Reimbursement policies vary based on plan type, coverage limits, provider networks, and specific contractual agreements. Understanding each plan's guidelines is essential for accurate billing and maximizing reimbursements. What role does technology play in streamlining health insurance billing and coding processes? Technology such as Electronic Health Records (EHR), billing software, and claim management systems automate coding, reduce errors, facilitate faster claim submission, and improve tracking and reconciliation of payments. What are best practices for ensuring compliance in health insurance billing and coding? Best practices include regular staff training on coding updates, thorough documentation, adhering to payer guidelines, conducting periodic audits, and implementing compliance programs to detect and prevent fraud or abuse.

Related keywords: health insurance billing, medical coding, healthcare reimbursement, claim processing, insurance claim codes, CPT codes, ICD codes, billing guidelines, reimbursement policies, healthcare claims management

sample phone bill reimbursement request letter

Sample Phone Bill Reimbursement Request Letter

A sample phone bill reimbursement request letter serves as an essential template for employees or individuals seeking reimbursement for personal phone expenses incurred during work-related activities. Whether you are an employee requesting your employer to cover business calls or an individual seeking reimbursement from a client, crafting a professional, clear, and well-structured request letter is crucial. This article provides a comprehensive guide on how to write an effective reimbursement request letter, including sample templates, tips for success, and best practices to ensure your request is considered promptly and favorably.

Understanding the Importance of a Reimbursement Request Letter

A reimbursement request letter acts as a formal communication channel between the requester and the payer, be it an employer, client, or organization. It serves several key purposes:

- Formal Documentation: Provides a written record of your request.
- Clarity: Clearly states the expenses incurred and the amount to be reimbursed.
- Professionalism: Demonstrates your professionalism and adherence to company policies.
- Facilitation of Payment: Expedites the payment process by providing necessary details upfront.

When to Use a Sample Phone Bill Reimbursement Request Letter

You should consider writing a reimbursement request letter in the following circumstances:

- Business-related calls made from a personal phone.
- Travel or client meetings requiring communication via personal device.
- Incidental expenses related to work calls that are not covered under a regular allowance.
- Reimbursement from clients or third parties for phone expenses.

Key Components of a Reimbursement Request Letter

To ensure your letter is effective and professional, it should include the following components:

- Header and Contact Information

Include your name, address, contact details, and date. If submitting via email, a professional email signature suffices.

- Recipient's Details

Address the letter to the appropriate person, such as your supervisor, HR manager, or finance department.

- Salutation

Use a formal greeting, e.g., "Dear [Recipient's Name]," or "To Whom It May Concern," if the recipient is unknown.

- Introduction

State the purpose of the letter clearly, mentioning that you are requesting reimbursement for phone expenses.

- Details of Expenses

Provide specific details about the phone bill, including:

- Billing period.
- Total amount.
- Description of the expenses (business calls, data charges, etc.).

- Supporting Documents

Mention and attach relevant supporting documents such as:

- Copies of the phone bill.
- Call logs, if necessary.
- Receipts or invoices.

- Total Reimbursement Amount

Clearly specify the total amount you are requesting.

- Request for Reimbursement

Politely request prompt reimbursement and specify your preferred method of payment if applicable.

- Closing Statement

Express gratitude for their consideration and offer to provide additional information if needed.

- Signature

Sign the letter if printed; include your name and contact information.

Sample Phone Bill Reimbursement Request Letter Templates

Below are two sample templates: one for formal written requests and another for email communication.

Sample 1: Formal Reimbursement Request Letter (Print Version)

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Position]

[Company/Organization Name]

[Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

Subject: Request for Reimbursement of Phone Expenses

I am writing to formally request reimbursement for phone expenses incurred during [mention period, e.g., the month of September 2023]. These expenses relate to work-related communication necessary for [briefly mention purpose, e.g., client meetings, project coordination].

The total amount billed on my phone during this period was [total amount], as detailed in the attached copy of my phone bill. The expenses primarily comprise business calls, data usage, and other charges directly attributable to my professional responsibilities.

Please find attached the relevant documentation, including a copy of the phone bill and call logs supporting my claim. Based on our company policy, I am requesting reimbursement of the amount of [specified amount].

I would appreciate it if the reimbursement could be processed at your earliest convenience via [preferred payment method, e.g., bank transfer, check]. Should you require any additional information or documentation, please do not hesitate to contact me.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Position]

Sample 2: Email Reimbursement Request (Informal/Quick Version)

Subject: Reimbursement Request for Phone Expenses ? September 2023

Dear [Recipient?s Name],

I hope this message finds you well. I am writing to request reimbursement for phone expenses incurred during September 2023 related to my work duties. The total amount billed was [amount], and I have attached the relevant phone bill for your review.

Please let me know if you need any additional information or supporting documents. I would appreciate it if the reimbursement could be processed via [preferred method].

Thank you very much for your assistance.

Best regards,

[Your Name]

[Your Position]

[Your Contact Information]

Tips for Writing an Effective Reimbursement Request Letter

To maximize the chances of your reimbursement request being approved, keep these tips in mind:

- Be Clear and Concise: Clearly specify the expenses, amounts, and period.
- Attach Supporting Documents: Attach clear copies of bills, call logs, or receipts.
- Follow Company Policies: Review relevant policies regarding reimbursements.
- Use Professional Language: Maintain a respectful and professional tone.
- Specify Payment Details: Clearly state your preferred reimbursement method.
- Keep a Copy: Save a copy of your request and attachments for records.
- Follow Up: If you do not receive a response within a reasonable timeframe, follow up politely.

Best Practices for Submitting Reimbursement Requests

- Submit Promptly: Don't delay submitting your request after incurring expenses.
- Organize Documentation: Keep detailed records to support your claim.
- Know the Policy: Understand your organization's reimbursement policies and limits.
- Be Honest and Accurate: Avoid overstating expenses or providing false information.
- Maintain Professionalism: Use formal language and proper formatting.

Conclusion

A sample phone bill reimbursement request letter is a vital document that facilitates smooth financial transactions between employees and employers or clients. By following the structure and tips outlined above, you can craft a professional, clear, and effective request that increases your chances of quick reimbursement. Remember to attach all relevant supporting documents, be concise yet detailed, and adhere to your organization's policies. With a well-written request, you can ensure your legitimate expenses are reimbursed efficiently, maintaining good professional relationships and financial transparency.

FAQs about Phone Bill Reimbursement Requests

Q1: How much detail should I include in my reimbursement request?

A: Include all relevant details such as billing period, total charges, descriptions of expenses, and attach copies of bills or receipts.

Q2: Can I request reimbursement for personal calls made for work?

A: Yes, but ensure they are clearly documented and directly related to work tasks.

Q3: What if my organization has a specific form for reimbursement?

A: Follow the organization's designated process, filling out required forms and attaching necessary documentation.

Q4: How long does it typically take to receive reimbursement?

A: It varies by organization but usually ranges from a few days to a few weeks after approval.

Q5: Is it necessary to get approval before incurring expenses?

A: Whenever possible, seek prior approval to ensure expenses are reimbursable.

By using this guide and sample templates, you can confidently prepare a professional phone bill reimbursement request letter that clearly communicates your expenses and expedites the reimbursement process.

Sample Phone Bill Reimbursement Request Letter: A Comprehensive Guide

In today's corporate environment, employees often find themselves using their personal phones for work-related communication, whether it's making calls, sending emails, or accessing work apps. When this occurs, it becomes essential for employees to formally request reimbursement for these expenses. A sample phone bill reimbursement request letter serves as an effective template to communicate this request professionally, clearly, and efficiently. This article explores the importance of such letters, provides detailed examples, and offers guidance on how to craft an impactful reimbursement request.

Understanding the Importance of a Phone Bill Reimbursement Request Letter

A phone bill reimbursement request letter is a formal document that employees submit to their employer or the finance department to seek reimbursement for personal phone expenses incurred during work duties. It acts as a record of communication and helps ensure transparency and accountability.

Why is it important?

- Formal Documentation: It creates a written record of the expense claim, reducing misunderstandings.
- Professionalism: Demonstrates professionalism and respect for company procedures.
- Legal and Accounting Purposes: Serves as supporting evidence during audits or financial reviews.
- Clear Communication: Clearly states the amount claimed, dates, and purpose of usage.

Key Features of a Well-Written Reimbursement Letter

- Clear identification of the requester
- Precise details of the expense
- Proper attachment of supporting documents (e.g., copies of bills)
- Formal tone and polite language
- Appropriate formatting for easy reading

Components of a Sample Phone Bill Reimbursement Request Letter

A well-structured letter typically includes the following sections:

1. Heading and Contact Details

Includes your name, address, employee ID (if applicable), and date.

2. Recipient Details

Name and designation of the supervisor or finance officer.

3. Salutation

A formal greeting, e.g., "Dear [Manager's Name],"

4. Introduction

States the purpose of the letter?requesting reimbursement for specific phone bills.

5. Details of the Expense

- The billing period
- Total amount claimed

- Reason for use (e.g., client calls, remote work)
- Confirmation that the expenses are within company policy

6. Supporting Documents

Mention of attached copies of the phone bills or receipts.

7. Request for Reimbursement

A polite request for processing the reimbursement.

8. Closing Remarks

Expressing gratitude and willingness to provide further information.

9. Signature

Your handwritten or electronic signature and name.

Sample Phone Bill Reimbursement Request Letter

Below is a detailed example of a well-crafted reimbursement request letter:

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Employee ID]

[Email Address]

[Phone Number]

[Date]

[Recipient Name]

[Recipient Title]

[Company Name]

[Company Address]

[City, State, ZIP Code]

Dear [Manager's Name],

Subject: Request for Reimbursement of Phone Bill Expenses for [Billing Period]

I am writing to formally request reimbursement for the phone expenses incurred during the billing period of [Start Date] to [End Date]. As part of my role in [Department/Team], I frequently used my personal mobile phone to communicate with clients, colleagues, and vendors to ensure smooth operations and timely responses.

Please find attached copies of the detailed phone bills for the period mentioned, totaling an amount of [\$XXX.XX]. The breakdown of the expenses includes calls made for business purposes, including client consultations, remote meetings, and urgent communications that could not be handled via email or other means. These expenses are within the company's policy for mobile reimbursement, and I have only claimed the amount directly related to my work responsibilities.

I kindly request you to process the reimbursement at your earliest convenience. Should you require any further documentation or clarification, please do not hesitate to contact me.

Thank you very much for your attention to this matter. I appreciate your support and understanding.

Sincerely,

[Your Name]

[Your Position]

[Signature (if submitting a hard copy)]

Tips for Writing an Effective Reimbursement Request Letter

To maximize the chances of your reimbursement being approved smoothly, consider the following tips:

- Be Clear and Concise: Clearly specify the amount, period, and purpose.

- Attach Supporting Documents: Include copies of bills, receipts, or call logs.
- Follow Company Policies: Ensure the expenses comply with company guidelines.
- Use Formal Language: Maintain professionalism throughout the letter.
- Double-Check Details: Verify figures, dates, and contact information.
- Maintain a Polite Tone: Express appreciation and politeness.

Pros and Cons of Using a Sample Phone Bill Reimbursement Letter

Pros:

- Time-Saving: Using a template accelerates the process.
- Consistency: Ensures all necessary information is included.
- Professionalism: Presents a polished and formal request.
- Reduces Errors: Helps prevent omissions or mistakes.

Cons:

- Generic Feel: May require customization to fit specific circumstances.
- Over-Reliance: Relying solely on templates without understanding details can lead to mistakes.
- Not One-Size-Fits-All: Different companies may have unique requirements.

Features to Look For in a Good Sample Letter

- Customizability to your specific situation
- Clear formatting and structure
- Inclusion of common necessary components
- Guidance on tone and language

Conclusion

A sample phone bill reimbursement request letter is a valuable tool for employees seeking to recover expenses incurred for work-related mobile usage. By understanding its components and following best practices, employees can craft effective, professional requests that streamline the reimbursement process. Remember to tailor the template to fit your specific context, attach all necessary supporting documents, and communicate politely. Properly managing these reimbursements not only ensures financial fairness but also fosters transparency and accountability within the organization. Whether you're a new employee or a seasoned professional, mastering the art of writing reimbursement requests can save you time, reduce misunderstandings, and help

maintain good employer-employee relations.

Question What should be included in a sample phone bill reimbursement request letter? A clear request statement, details of the phone bill (amount, date, provider), reason for reimbursement, employee or recipient information, and any supporting documents should be included. How do I format a professional phone bill reimbursement request letter? Use a formal business letter format with a proper salutation, concise body explaining the request, relevant details, and a polite closing. Attach copies of the phone bill as supporting documents. What are common reasons for requesting phone bill reimbursements? Common reasons include work-related calls, travel expenses, client communication, or emergencies that required personal phone use for official purposes. Can I use a template for a phone bill reimbursement request letter? Yes, using a template can help ensure you include all necessary information and maintain a professional tone. Customize it to fit your specific situation. How should I address a phone bill reimbursement request letter to my employer? Address the letter to your direct supervisor, manager, or the HR department, using their proper title and name. For example, 'Dear Mr. Smith,' or 'Dear HR Manager,' What evidence should I attach to support my reimbursement request? Attach a copy of the actual phone bill, payment receipt, and any relevant correspondence or documentation that justifies the business-related use. What is the typical turnaround time for phone bill reimbursement requests? Turnaround times vary by organization but generally range from a few days to a couple of weeks. It's best to check your company's reimbursement policy for specific timelines. Are there any tips for ensuring my phone bill reimbursement request is approved quickly? Provide clear, complete documentation; specify the purpose of the expense; submit the request promptly; and follow your company's reimbursement procedures closely.

Related keywords: phone bill reimbursement, reimbursement request letter, sample reimbursement letter, phone expense claim, mobile bill reimbursement, expense reimbursement letter, reimbursement letter template, request for bill repayment, phone bill claim letter, employee expense claim

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