[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Insurance Company Name]
[Claims Department Address]
[City, State, Zip Code]
Subject: Request for Reimbursement for Prescription Medication
Dear Claims Reviewer,
I am writing to formally request reimbursement for a prescription medication that I recently purchased, which I believe is covered under my insurance plan. Below are the details pertinent to my request:
Patient Information:
- Name: [Your Name]
- Policy Number: [Your Policy Number]
- Group Number: [Your Group Number]
Prescription Information:
- Medication Name: [Medication Name]
- Prescribing Physician: [Physician's Name]
- Date of Purchase: [Purchase Date]
- Pharmacy Name: [Pharmacy Name]
- Transaction Receipt Number: [Receipt Number]
- Amount Paid: [$Amount]
Reason for Prescription:
[Provide a brief explanation of the medical condition and the necessity for the medication, including any supporting information from your healthcare provider if applicable.]
I have attached the following documents to support my request:
1. Copy of the pharmacy receipt
2. Prescription label
3. Letter from my physician (if applicable)
4. Any additional relevant documentation
I appreciate your attention to this matter and look forward to your prompt response. If you require any further information or documentation, please do not hesitate to contact me at the phone number or email address listed above.
Thank you for your assistance.
Sincerely,
[Your Name]
[Your Signature (if sending a hard copy)]