

[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 Prescription Claim Reimbursement

Dear Claims Department,

I hope this letter finds you well. I am writing to formally request reimbursement for a prescription claim that I recently incurred. Below are the details related to my claim:

****Policyholder Information:****

- ****Name:**** [Your Name]
- ****Policy Number:**** [Your Policy Number]
- ****Member ID:**** [Your Member ID]

****Prescription Information:****

- ****Prescribing Physician:**** [Doctor's Name]
- ****Prescription Number:**** [Prescription Number]
- ****Date of Purchase:**** [Date of Prescription Filled]
- ****Medication Name:**** [Medication Name]
- ****Pharmacy Name:**** [Pharmacy Name]
- ****Total Cost:**** [Total Amount Paid]

****Attached Documents:****

1. A copy of the prescription receipt
2. A copy of the prescription label
3. A letter from the prescribing physician (if applicable)
4. Any additional documentation required

I have verified that this medication is covered under my policy. As per the terms of my plan, I am eligible for reimbursement for this prescription. I would appreciate your prompt attention to this matter and request that the reimbursement be processed at your earliest convenience. If you require any further information or have any questions regarding this claim, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]