

[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 Rx Insurance Reimbursement

Policy Number: [Your Policy Number]

Claim Number: [Your Claim Number]

Dear Claims Department,

I am writing to formally request reimbursement for prescription medication that I received on [date of service]. The details of the prescription are as follows:

- Prescribing Doctor: [Doctor's Name]
- Medication Name: [Medication Name]
- Quantity: [Quantity]
- Prescription Number: [Prescription Number]
- Total Amount Charged: [Total Amount]

Despite my understanding that this medication is covered under my plan, my recent claim was denied, and I would like to appeal this decision. Enclosed are copies of the prescription, the receipt, and the explanation of benefits showing the denial.

I kindly request a review of my claim and an explanation for the denial. I believe that this prescription is medically necessary and should be covered under my policy.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]