

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]

[Recipient Name]
[Insurance Company Name]
[Insurance Company Address]
[City, State, ZIP Code]

Subject: Prescription Reimbursement Request

Dear [Recipient Name],

I am writing to formally request reimbursement for a prescription medication that I purchased on [Date of Purchase]. The details of the prescription are as follows:

- **Medication Name:** [Medication Name]
- **Prescription Number:** [Prescription Number]
- **Date of Service:** [Date of Service]
- **Total Amount Paid:** \$[Amount]
- **Pharmacy Name:** [Pharmacy Name]
- **Pharmacy Address:** [Pharmacy Address]

Attached to this letter, you will find the receipt for the medication and a copy of the prescription. According to my policy [Policy Number], I believe I am eligible for reimbursement for this expense.

Please let me know if you need any additional information or documentation to process my request. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]

[Signature (if sending a hard copy)]