

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

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Dear [Claims Department/Specific Contact's Name],

Subject: Request for Reimbursement of Prescription Costs

I am writing to formally request reimbursement for prescription medication that I have incurred costs for, which I believe should be covered under my health insurance policy.

Policyholder Name: [Your Name]

Policy Number: [Your Policy Number]

Claim Number: [If applicable]

Details of the Prescription:

Medication Name: [Medication Name]

Prescribing Physician: [Physician's Name]

Prescription Date: [Date]

Cost of Prescription: \$[Amount]

Enclosed with this letter, I have included copies of the following supporting documents:

1. Prescription receipt
2. Prescription label
3. Explanation of Benefits (EOB) from the pharmacy (if available)
4. Any other relevant documentation

I would appreciate your timely review of this request and a response regarding the reimbursement status. If you require any additional information or documentation, please do not hesitate to contact me at the phone number or email address listed above.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]