

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

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

Subject: Request for Prescription Insurance Reimbursement

Dear Claims Department,

I am writing to request reimbursement for a prescription medication that was filled on [Date of Purchase] at [Pharmacy Name]. Please find the details below:

- **Patient Name:** [Your Full Name]
- **Policy Number:** [Your Insurance Policy Number]
- **Prescription Number:** [Prescription Number]
- **Medication Name:** [Medication Name]
- **Dosage:** [Dosage Information]
- **Total Cost:** [\$ Amount]

Enclosed with this letter are the following documents for your review:

1. Copy of the pharmacy receipt
2. Copy of my insurance card
3. Any other supporting documentation

I appreciate your prompt attention to this matter and look forward to your response. Please feel free to contact me if you need any additional information.

Thank you for your assistance.

Sincerely,

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