

[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 Reimbursement

Dear [Claims Department/Specific Person's Name],  
I hope this letter finds you well. I am writing to formally request reimbursement for a prescription that I incurred on [date of purchase]. Details of the prescription are as follows:

- Patient Name: [Your Name]
- Insurance Policy Number: [Your Policy Number]
- Rx Number: [Prescription Number]
- Medication Name: [Medication Name]
- Date of Purchase: [Purchase Date]
- Total Cost: [Total Amount]

I have attached the original receipt and any relevant documentation, including my prescription info and information pertaining to my health plan benefits.

Please process my reimbursement promptly. Should you require any further information or documentation, do not hesitate to contact me via phone or email.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Signature (if sending a hard copy)]