

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

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

Subject: Prescription Reimbursement Claim

Dear Claims Department,

I hope this letter finds you well. I am writing to submit a claim for reimbursement for a prescription medication that I purchased on [Date of Purchase].

**\*\*Patient Information:\*\***

- Name: [Your Name]
- Policy Number: [Your Policy Number]
- Member ID: [Your Member ID]

**\*\*Prescription Details:\*\***

- Medication Name: [Medication Name]
- Prescribing Doctor: [Doctor's Name]
- Prescription Number: [Prescription Number]
- Date of Prescription: [Prescription Date]
- Pharmacy Name: [Pharmacy Name]
- Total Amount Paid: [Total Amount]

Attached are the following documents for your review:

1. Copy of the prescription receipt
2. Copy of the prescription label
3. Any other relevant documents

I would appreciate your timely processing of this claim and look forward to receiving the reimbursement at your earliest convenience.

Thank you for your attention to this matter. Please feel free to contact me if you need any further information.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]