[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Insurance Company Name]
[Claims Department Address]
[City, State, Zip Code]
Subject: Successful Reimbursement for Prescription Medication
Dear Claims Department,
I am writing to confirm the successful reimbursement of my recent prescription medication. Below are the details pertinent to the claim:
Patient Name: [Your Name]
Policy Number: [Your Policy Number]
Claim Number: [Claim Number if applicable]
Prescription Drug Name: [Medication Name]
Prescription Date: [Date the prescription was filled]
Amount Billed: [Total amount charged]
Amount Reimbursed: [Total amount reimbursed]
I appreciate your prompt attention to this matter and the support provided by your team. If you have any further questions or need additional documentation, please feel free to contact me at the information provided above.
Thank you for your assistance!
Sincerely,
[Your Name]