

[Your Pharmacy's Letterhead]

[Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Request for Pharmacy Reimbursement

I hope this letter finds you well. I am writing to formally request reimbursement for the costs incurred for [specific medication or service] provided to [Patient's Name] on [Date of Service].

Details of the transaction are as follows:

- Patient Name: [Patient's Name]
- Prescription Number: [Prescription Number]
- Date of Service: [Date]
- Total Amount Charged: [Amount]
- Insurance Plan: [Insurance Plan Name]

Attached to this letter, you will find copies of the necessary documentation, including:

1. Invoice/receipt for the medication/service
2. Physician's prescription/recommendation
3. Any other supporting documents

We kindly ask you to process this reimbursement at your earliest convenience. If you require any further information or documentation, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Pharmacy Name]

[Your Phone Number]

[Your Email Address]