

[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 Claim for Reimbursement

Dear Claims Department,

I am writing to request reimbursement for a prescription medication that I purchased on [purchase date]. Below are the details of my claim:

- \*\*Patient Name:\*\* [Your Name]
- \*\*Policy Number:\*\* [Your Policy Number]
- \*\*Claim Number:\*\* [If applicable]
- \*\*Prescription Number:\*\* [Prescription Number]
- \*\*Medication Name:\*\* [Name of Medication]
- \*\*Pharmacy Name:\*\* [Pharmacy Name]
- \*\*Purchase Amount:\*\* [Total Cost]
- \*\*Date of Purchase:\*\* [Purchase Date]

I have included the following documents to support my claim:

1. A copy of the pharmacy receipt
2. A copy of the prescription
3. [Any additional documents if necessary, e.g., proof of payment, etc.]

Please let me know if you require any more information to process this claim. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]