

[Your Name]  
[Your Address]  
[City, State, ZIP Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient's Name]  
[Insurance Company Name]  
[Company Address]  
[City, State, ZIP Code]

Dear [Recipient's Name],

Subject: Request for Prescription Reimbursement

I hope this letter finds you well. I am writing to formally request reimbursement for a prescription that was filled on [Date of Prescription Fill] for [Medication Name] prescribed by [Prescribing Doctor's Name]. Details of the prescription are as follows:

- Patient Name: [Your Name]
- Prescription Number: [Prescription Number]
- Date of Service: [Date]
- Total Cost: [Total Amount]

Attached to this letter, please find the following documents to support my reimbursement request:

1. A copy of the pharmacy receipt
2. A copy of the prescription
3. Any supporting medical documentation

As per my coverage, I believe that this medication should be reimbursed under my plan. I would appreciate your assistance in processing this request at your earliest convenience.

Thank you for your attention to this matter. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you need any further information.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]  
[Your Policy Number]