

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

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

Subject: Rx Reimbursement Request - [Patient Name, Policy Number]

Dear Claims Department,

I hope this message finds you well. I am writing to formally request reimbursement for prescription medication incurred on [Date of Purchase] as per my insurance policy #[Policy Number].

Details of the transaction are as follows:

- \*\*Patient Name:\*\* [Patient Name]
- \*\*Prescription Number:\*\* [Prescription Number]
- \*\*Medication Name:\*\* [Medication Name]
- \*\*Pharmacy Name:\*\* [Pharmacy Name]
- \*\*Date of Purchase:\*\* [Date]
- \*\*Total Amount:\*\* [Total Amount]

Attached are copies of the receipt and any relevant medical documentation required for this request.

I appreciate your prompt attention to this matter and look forward to your response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]