

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

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

Subject: Request for Reimbursement of Prescription Expenses

Dear Claims Department,

I hope this letter finds you well. I am writing to formally request reimbursement for prescription expenses incurred for my medication as prescribed by my healthcare provider.

****Patient Information:****

- Name: [Your Name]
- Policy Number: [Your Policy Number]
- Date of Service: [Date of Prescription Purchase]

****Prescription Details:****

- Medication Name: [Medication Name]
- Prescribing Doctor: [Doctor's Name]
- Pharmacy: [Pharmacy Name]
- Total Amount Charged: \$[Amount]

I have attached the following documents to support my claim:

1. Copy of the pharmacy receipt showing the purchase of the medication
2. Copy of the prescription from my doctor
3. Any other relevant documentation

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

Thank you for your assistance.

Sincerely,

[Your Name]
[Signature (if sending a hard copy)]
[Date]