

[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 Claim Reimbursement Request

Dear Claims Department,

I hope this letter finds you well. I am writing to request reimbursement for a prescription medication that I recently purchased, which I believe is eligible for coverage under my health insurance plan. Below are the details of the claim:

****Patient Information:****

- Name: [Patient's Full Name]
- Date of Birth: [Patient's Date of Birth]
- Member ID: [Patient's Insurance ID Number]

****Prescription Information:****

- Medication Name: [Name of Medication]
- Prescription Number: [Prescription Number]
- Date of Purchase: [Date of Purchase]
- Pharmacy Name: [Pharmacy Name]
- Pharmacy Address: [Pharmacy Address]

****Total Amount Paid:**** \$[Total Amount]

****Receipt:**** [Include enclosed copy of the receipt or any other relevant documents]

I have attached the necessary documentation to support this request, including:

1. Copy of the prescription
2. Receipt for the purchased medication
3. Any other required forms or documents

Please let me know if further information is needed 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 Name]

[Your Signature] (if sending a hard copy)

Attachments: [List of attached documents]