[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 for [Patient's Name]
Dear Claims Department,
I am writing to request reimbursement for a prescription medication that was purchased for [Patient's Name] on [Purchase Date]. The following information is provided for your review:
- **Patient's Name:** [Patient's Name]
- **Policy Number:** [Policy Number]
- **Claim Number:** [Claim Number, if applicable]
- **Medication Name:** [Medication Name]
- **Prescription Number:** [Prescription Number]
- **Pharmacy Name:** [Pharmacy Name]
- **Purchase Amount:** [Total Amount Paid]
The prescription was necessary for the treatment of [Condition/Diagnosis], as confirmed by the prescribing physician, Dr. [Doctor's Name]. Attached are copies of the prescription, receipt, and any relevant medical documentation to support this request.
I kindly request that you review this reimbursement request and process it promptly. Thank you for your attention to this matter.
Sincerely,
[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Relationship to Patient, if applicable]
Enclosures:
1. Prescription Copy
2. Receipt
3. Medical Documentation