

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

[Insurance Company Name]  
[Insurance Company Address]  
[City, State, Zip Code]

Subject: Prescription Reimbursement Request

Dear [Insurance Company Contact/Claims Department],

I am writing to formally request reimbursement for a prescription medication that I recently purchased. Below are the details pertaining to my claim:

**\*\*Patient Information\*\*:**

- Name: [Your Full Name]
- Policy Number: [Your Policy Number]
- Claim Number: [If applicable]

**\*\*Prescription Details\*\*:**

- Medication Name: [Name of Medication]
- Date of Purchase: [Purchase Date]
- Pharmacy Name: [Pharmacy Name]
- Amount Paid: [\$ Amount]

Enclosed with this letter, you will find copies of the prescription, receipt, and any other necessary documentation for your review.

I would appreciate your prompt attention to this matter and look forward to your response. Should you need any additional information or documentation, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]