[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Insurance Company Name]
[Claims Department Address]
[City, State, Zip Code]
Subject: Prescription Reimbursement Request
Dear Claims Department,
I am writing to request reimbursement for a prescription I recently filled for [Patient's Name] on [Date of Purchase]. The details of the prescription are as follows:
- Prescription Number: [Prescription Number]
- Medication Name: [Medication Name]
- Pharmacy Name: [Pharmacy Name]
- Date of Prescription: [Date]
- Amount Paid: [Total Amount]
Attached to this letter are the receipts and relevant documentation for your review.
Please let me know if any further information is required to process this claim.
Thank you for your attention to this matter.
Sincerely,
[Your Name]
[Your Policy Number] (if applicable)