[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 Name],
I am writing to request reimbursement for a prescription medication that
I purchased on [Purchase Date]. Below are the details of the transaction:
- **Patient Name:** [Your Name]
- **Insurance Policy Number:** [Your Policy Number]
- **Prescribing Physician:** [Physician's Name]
- **Prescription Date:** [Date Prescription was Written]
- **Medication Name:** [Medication Name]
- **Dosage:** [Dosage Information]
- **Pharmacy Name:** [Pharmacy Name]
- **Receipt Total:** [$Amount]
I have attached the following documents to support my request:
1. Copy of the prescription
2. Receipt from the pharmacy
3. Any additional documentation [if applicable]
Please process this request at your earliest convenience. If you need any
more information, feel free 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)]