

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

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

Subject: Claim for Coverage of Xtandi

Dear [Claims Adjuster's Name],

I am writing to formally submit a claim for coverage of the medication Xtandi (enzalutamide) prescribed to me by my physician, Dr. [Physician's Name].

Details of the claim are as follows:

- **Patient Name**: [Your Name]
- **Policy Number**: [Your Policy Number]
- **Claim Number**: [Your Claim Number, if applicable]
- **Date of Prescription**: [Date of Prescription]
- **Prescribing Physician**: Dr. [Physician's Name]
- **Diagnosis**: [Your Diagnosis]

Attached to this letter are the necessary documents to process my claim, including:

1. Copy of the prescription for Xtandi
2. Itemized invoice from the pharmacy
3. Medical records supporting the use of Xtandi for my treatment
4. Any additional required documents

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

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Typed Name]