

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

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

Subject: Request for Reimbursement for Xtandi

Dear [Insurance Company's Customer Service/Claims Department],  
I am writing to formally request reimbursement for the medication Xtandi (Enzalutamide) that I received on [date of service].

Patient Information:

- Name: [Patient's Name]
- Policy Number: [Policy Number]
- Claim Number: [Claim Number] (if applicable)

Prescription Details:

- Prescribing Physician: [Doctor's Name]
- Date of Prescription: [Date]
- Pharmacy Name: [Pharmacy Name]
- National Drug Code (NDC): [NDC number]
- Amount Charged: \$[Amount]

Attached documents:

- Receipt/Invoice for Xtandi
- Prescription from the physician
- Any relevant medical records (if applicable)

According to my policy, I believe that this medication is covered under my plan. I kindly request that you review my claim for reimbursement, and I would appreciate your prompt attention to this matter.

Thank you for your understanding. I look forward to your response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]