

Pharmacy License Verification

Date: [Insert Date]

To: [Insurance Provider Name]

Address: [Insurance Provider Address]

Dear [Insurance Provider Contact Name],

We are writing to confirm the licensing status of [Pharmacy Name], located at [Pharmacy Address]. This letter serves as verification for your records as part of your insurance provider requirements.

Pharmacy License Number: [License Number]

Issuing Authority: [Issuing Authority Name]

License Status: [Active/Inactive]

License Expiration Date: [Expiration Date]

Please feel free to contact us should you require any additional information or clarification regarding the pharmacy's license.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Pharmacy Name]

[Contact Information]