

# Notice of Change in Prescription Medication Pricing

Date: [Insert Date]

Dear [Patient's Name],

We hope this message finds you well. We are writing to inform you about a change in the pricing of your prescription medication, [Medication Name].

Effective [Effective Date], the price of your medication will be adjusted from [Old Price] to [New Price]. This change is due to [reason for price change, e.g., manufacturer price increase].

We understand that changes in medication costs can impact your healthcare decisions, and we encourage you to reach out to us if you have any questions or concerns regarding this adjustment.

Thank you for your understanding and continued trust in our services.

Sincerely,

[Your Name]

[Your Position]

[Your Contact Information]

[Your Organization]