

Notification of Prescription Drug Price Adjustment

Date: [Insert Date]

Dear [Recipient's Name],

We are writing to inform you about an upcoming adjustment to the prices of certain prescription medications. Effective [Insert Effective Date], the following changes will take place:

- Medication Name: [Insert Medication Name] - New Price: [Insert New Price]
- Medication Name: [Insert Medication Name] - New Price: [Insert New Price]
- Medication Name: [Insert Medication Name] - New Price: [Insert New Price]

We understand that this change may affect your healthcare expenses, and we are committed to providing assistance and options for managing your prescriptions. If you have any questions or require further information, please do not hesitate to reach out to our customer service at [Insert Contact Information].

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

Sincerely,
[Your Name]
[Your Title]
[Your Company]