

Appeal Letter for Prescription Drug Rebate Program

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Company/Organization Name]

[Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to formally appeal the denial of my application for the Prescription Drug Rebate Program dated [insert date of denial]. My application ID is [insert application ID].

Upon reviewing the reasons for the denial, I believe that there may have been a misunderstanding regarding my eligibility or the information provided. [Briefly explain your situation and why you believe the denial was unwarranted. Include any supporting evidence or documentation, if applicable.]

Given the circumstances, I kindly request a reevaluation of my application. I am hopeful that you will consider my appeal and grant me the rebate that I am entitled to under the program.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]