

Prescription Drug Rebate Program Eligibility Inquiry

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To Whom It May Concern,

I am writing to inquire about my eligibility for the Prescription Drug Rebate Program. I would like to understand the specific criteria and documentation required for participation in this program.

Please provide me with the necessary information regarding:

- Eligibility requirements
- Application process
- Deadlines for submission
- Additional resources or contacts for assistance

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

Sincerely,

[Your Name]