

Enrollment Confirmation

Date: [Insert Date]

Dear [Recipient's Name],

We are pleased to confirm your enrollment in the Prescription Drug Rebate Program. Your enrollment process is complete, and you are now eligible for the benefits provided under this program.

Program Details:

- **Member ID:** [Insert Member ID]
- **Effective Date:** [Insert Effective Date]
- **Customer Service Contact:** [Insert Contact Information]

You will receive further information about how to access your benefits, including detailed instructions on submitting rebate requests and tracking your claims.

If you have any questions, please do not hesitate to contact our customer service team at [Insert Contact Number] or [Insert Email Address].

Thank you for choosing our Prescription Drug Rebate Program. We look forward to serving you!

Sincerely,

[Your Name]

[Your Title]

[Company Name]