

Medication Reimbursement Policy Modification

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Company/Organization Name]

[Company/Organization Address]

Dear [Recipient's Name],

We are writing to inform you about a modification to our medication reimbursement policy that will take effect on [effective date]. This change aims to improve our services and ensure better management of healthcare costs.

The key modifications include:

- [Detail 1 of the modification]
- [Detail 2 of the modification]
- [Detail 3 of the modification]

We understand that changes can be challenging, and we are here to support you during this transition. Please feel free to reach out to our customer service team at [contact information] for any questions or concerns regarding this policy modification.

Thank you for your understanding and continued support.

Sincerely,

[Your Name]

[Your Title]

[Your Company/Organization]

[Your Contact Information]