

Medication Side Effect Information

Date: [Insert Date]

To: [Health Insurance Company Name]

From: [Your Name]

[Your Address]

[City, State, Zip Code]

Policy Number: [Your Policy Number]

Dear [Health Insurance Company Name],

I am writing to inform you about the possible side effects associated with the medication prescribed to me, [Medication Name], as part of my treatment for [Condition being treated]. Below are the details of the medication and its associated side effects:

Medication Details

Medication Name: [Medication Name]

Prescribing Doctor: [Doctor's Name]

Dosage: [Dosage Amount]

Possible Side Effects

- [Side effect 1]
- [Side effect 2]
- [Side effect 3]
- [Side effect 4]
- [Side effect 5]

These side effects may impact my health and treatment plan. I hope this information will assist in any claim evaluations regarding my health coverage.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Phone Number]

[Your Email Address]