Medical Claim Submission for Prescription Reimbursement

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Policy Number: [Insert Policy Number]

Claim Number: [Insert Claim Number, if applicable]

Dear Claims Department,

I am writing to submit a claim for reimbursement of prescription medications purchased on [Insert Purchase Date]. The details of the prescriptions are as follows:

- **Patient Name:** [Insert Patient Name]
- **Prescription Number:** [Insert Prescription Number]
- **Medication Name:** [Insert Medication Name]
- **Pharmacy Name:** [Insert Pharmacy Name]
- **Purchase Amount:** [Insert Amount]
- **Date of Purchase:** [Insert Date]

Enclosed are copies of the prescription, pharmacy receipts, and any relevant medical documentation to support this claim.

Please let me know if you require any further information or documentation. I look forward to your prompt attention to this matter.

Thank you for your assistance.

Sincerely,

[Your Name]
[Your Address]
[Your Email]
[Your Phone Number]