

Health Insurance Claim for Prescription Reimbursement

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Phone Number]

[Your Email Address]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Dear Claims Department,

I am writing to formally submit a claim for reimbursement for a prescription medication I purchased on [Insert Date of Purchase]. My insurance policy number is [Insert Policy Number].

Details of the prescription are as follows:

- 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 relevant documents:

- Receipt from the pharmacy
- Prescription label
- Any other relevant documents

I would appreciate your prompt attention to this claim. Please let me know if you require any further information or documentation.

Thank you for your assistance.

Sincerely,

[Your Name]