

Prescription Refill Inquiry for Insurance Coverage

Date: [Insert Date]

To: [Insurance Provider Name]

Address: [Insurance Provider Address]

Attention: Prescription Refill Department

Dear [Insurance Provider Name],

I hope this letter finds you well. I am writing to inquire about the coverage for my prescription refill for [Medication Name] (Prescription Number: [Prescription Number]). My personal details are as follows:

Name: [Your Full Name]

Policy Number: [Your Policy Number]

Date of Birth: [Your DOB]

This medication has been prescribed by my healthcare provider, Dr. [Doctor's Name], for [brief explanation of the purpose of medication, if necessary].

Could you please confirm if my insurance covers the refill of this prescription and any applicable copayments? Additionally, if there are any authorization requirements or limitations, please let me know.

I appreciate your assistance in this matter and look forward to your prompt response.

Thank you for your help.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]