

# Prescription Cost Estimate Request

Date: \_\_\_\_\_

To: [Pharmacy Name]

Address: [Pharmacy Address]

Dear [Pharmacist's Name],

I am writing to request a cost estimate for a prescription that I will be needing. Below are the details of the prescription:

- Medication Name: [Medication Name]
- Dosage: [Dosage]
- Quantity: [Quantity]
- Prescribing Doctor: [Doctor's Name]
- Medication Insurance: [Insurance Provider]

I would appreciate it if you could provide me with an estimate of the total cost, including any co-pays, deductibles, or out-of-pocket expenses I may need to consider.

Thank you for your assistance. I look forward to your prompt reply.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]