

Health Insurance Reimbursement Submission

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Subject: Request for Reimbursement for Prescription Drugs

Dear Claims Department,

I am writing to submit a request for reimbursement for prescription drugs purchased on [purchase date] for [patient's name]. Below are the details of the claim:

Patient Information:

Name: [Patient's Name]

Policy Number: [Policy Number]

DOB: [Date of Birth]

Prescription Information:

Prescription Drug: [Drug Name]

Prescriber: [Prescriber's Name]

Cost: [Cost of the Prescription]

Date of Purchase: [Purchase Date]

Attached Documents:

- Pharmacy Receipt
- Prescription Copy
- Any Additional Documentation

Please let me know if you require any further information to process this reimbursement request. I appreciate your prompt attention to this matter.

Thank you.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email]