

# Health Insurance Claim Submission for Prescription Drugs

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

Phone: [Your Phone Number]

Email: [Your Email Address]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear Claims Department,

I am writing to submit a claim for prescription drugs as covered under my health insurance policy. Below are the details of my claim:

- Policy Holder Name: [Your Name]
- Policy Number: [Your Policy Number]
- Claim Number: [If applicable]
- Prescription Drug Name: [Name of the Drug]
- Date of Purchase: [Purchase Date]
- Pharmacy Name: [Pharmacy Name]
- Receipt Total: [Total Amount]

Attached are the required documents, including the pharmacy receipt and my insurance card copy. Please process this claim at your earliest convenience and inform me if any further information is required.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]