MM/DD/YYYY

Patient.FirstName Patient.LastName

Patient.Address1

Patient.Address2 (remove this line if null)

Patient.City, UsState.StateCode Patient.PostalCode

Dear Patient.FirstName,

Bridgeport Pharmacy Services does the pharmacy billing for Pharmacy.PharmacyName. We have billed your insurance carrier and have received notification that they are needing documentation in order to pay this bill. We have enclosed the letter from Payor.GroupName for your reference.

Payor.GroupName is awaiting your Personal Injury Protection Application. Will you please send your insurance carrier your completed PIP Application and call us to confirm that you have sent it at the phone number listed below.

Thank you for your assistance in getting this claim invoiced to your carrier.

Sincerely,

AspNetUsers.FirstName Asp.NetUsers.LastName

Bridgeport Pharmacy Services

(844) 480-5630

Fax # (844) 480 5631