(Current Date)

Prescriber.PrescriberName

Prescriber.Addr1, Prescriber.Addr2

Prescriber.City, UsState.StateCode Prescriber.Zip

RE: Patient: Patient.FirstName Patient.LastName

DOB: Patient.DateOfBirth

Claim#: Claim.ClaimNumber

Dear ALAIN FABI,

Bridgeport Pharmacy Services does the pharmacy billing for Pharmacy.PharmacyName. We have billed Payor.LetterName for medications processed for your patient and have received a denial of payment. Payor.LetterName is requesting a copy of the patient’s doctor’s notes to show the medications are related to the patient’s motor vehicle accident in order to reimburse Bridgeport.

Please fax Bridgeport the patient’s doctor’s notes in whichever format is easiest stating how the prescription Prescription.LabelName, prescribed on Prescription.DateFilled is related to the motor vehicle accident with the fax number provided below.

Thank you for your assistance.

Sincerely,

AspNetUsers.FirstName, AspNetUsers.LastName

Bridgeport Pharmacy Services

(844) 480-5630 x AspNetUsers.Extension

Fax # (844) 480 5631