MM/DD/YYYY

Prescription.Prescriber

Prescriber.Address1

Prescriber.City UsState.StateCode Prescriber.PostalCode

RE: Patient: Patient.FirstName Patient.LastName

DOB: Patient.DateOfBirth

Claim#: Claim.ClaimNumber

Dear Dr. Prescriber.LastName,

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 prescriptionPrescription.Plurality:

Prescription.LabelName

IsArePlurality related to the motor vehicle accident with the fax number provided below.

Thank you for your assistance.

Sincerely,

AspNetUsers.FirstName Asp.NetUsers.LastName

Bridgeport Pharmacy Services

(844) 480-5630 AspNetUsers.Extension

Fax # (844) 480 5631