MM/DD/YYYY

Attorney.AttorneyName

Attorney.Address1

Attorney.City UsState.StateCode Attorney.PostalCode

RE: Patient: Patient.FirstName Patient.LastName

Claim# Claim.ClaimNumber

To Whom It May Concern,

Bridgeport Pharmacy Services does the pharmacy billing for Pharmacy.PharmacyName where your client filled their prescriptions. We have billed Payor.BillToName for medications processed for your client and have correspondence that this claim is denied. I am enclosing our billing statement as a reference as well as our invoice(s) to them.

We would like these invoices to be included in any settlement you may receive on cases you have for your clients. Please send us a lien document, letter of protection, or any other form we may need to sign to be included in your settlement work with Payor.BillToName.

Thank you for your assistance.

Sincerely,

AspNetUsers.FirstName Asp.NetUsers.LastName

Bridgeport Pharmacy Services

(844) 480-5630 AspNetUsers.Extension

Fax # (844) 480 5631