||||

[Month DD, YYYY]

Order Number: [XXXXXXXXXXXX]

Dear [Plan Member Name],

You recently reported that you did not receive the prescription medicine that shipped from Mail Service Pharmacy on [DD-MM-YYYY]. We are sorry for any inconvenience this may have caused.

Enclosed is a replacement for this order.

**Questions?**

Please visit the Member Web Portal or call Customer Care toll-free at [1-XXX-XXX-XXX]. You can reach us 7:00 a.m. to 7:00 p.m. EST, Monday through Saturday. If you need the help of a telecommunications device for the deaf (TDD), please dial toll-free 1-800-231-4403.

Sincerely,

Your Customer Care Team

|  |  |  |  |
| --- | --- | --- | --- |
| 49-6154 | A08 | CUS035 | 000001990438441 |