

<Addressee>
<Street Name_House number>
<Zip Code_City>

Date <Date >
Telephone number <Phone number>
Reference <Kenmerk>
English version? www.zka.nl/AL1

Subject Your medication

Dear <Mr./Mrs./Ms. > <Surname>,

This letter concerns your medication. Your doctor prescribed you <~name medication~>.

We will reimburse your medication

You can pick up <~name medication~> from your pharmacy as of <~start date authorisation~>. You will only have to pay the deductible excess and a possible personal contribution. The pharmacy will charge you for the personal contribution, which you are required to pay on site. You will receive a separate invoice from us for the deductible excess.

Please take this letter with you to your pharmacy

They need the approval number which is <~authorisation number~>.

Can we help you with anything else?

Or would you like to know more, then please check out our website: <~url~>. You can of course contact our customer service representatives on weekdays from <time> to <time> at: <phone number> <(rate)>.

Yours sincerely,
<Branch Name>

"<Signers Name>"
"<Function Signer>"

