[Your Company Name/PBM Name]
[Address Line 1]
[City, State, Zip Code]
[Date]

[Pharmacy Name]
[Pharmacy Address]
[City, State, Zip Code]
Attn: Pharmacy Manager / Billing Department

RE: Notice of Pending Settlement - Provider ID: [Pharmacy NPI/NABP]

Dear Pharmacy Provider,

This letter serves as formal notification regarding a pending settlement related to claims processed between [Start Date] and [End Date]. Our records indicate that your pharmacy is a party to this upcoming financial adjustment.

Settlement Details:

- **Settlement Reference Number:** [Reference Number]
- **Estimated Settlement Amount:** $[Amount]
- **Scheduled Payment/Adjustment Date:** [Date]
- **Reason for Settlement:** [e.g., Annual Reconciliation / Audit Adjustment / Contractual Rate Correction]

The settlement amount will be applied via [Electronic Funds Transfer (EFT) / Check / Deduction from future remittance advice]. A detailed claim-level report is available for your review through the [Provider Portal Name] or is attached to this correspondence.

If you have any questions regarding the calculation of this settlement or wish to dispute any specific findings, please contact our Provider Relations Department at [Phone Number] or [Email Address] no later than [Dispute Deadline Date].

Thank you for your continued service to our members.

Sincerely,

[Name]
[Title]
[Department Name]