

Authorization Letter for Insurance Coverage Check

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I, [Your Name], hereby authorize [Insurance Agent's Name or Organization] to conduct a coverage check on my behalf regarding my insurance policy numbered [Policy Number].

Please provide all necessary information related to my coverage status, benefits, and any other pertinent details.

Thank you for your prompt attention to this matter. Should you require any further information, please do not hesitate to contact me.

Sincerely,
[Your Signature (if sending a hard copy)]
[Your Printed Name]