

Insurance Plan Inquiry

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Attention: Patient Services Department

Dear Sir/Madam,

I am writing to inquire about the insurance plan details related to my upcoming medical treatment. My name is [Your Name], and my policy number is [Your Policy Number].

Could you please provide me with information regarding:

- The coverage details for [specific treatment/service]
- Any required pre-authorization
- Co-pays and deductibles applicable
- In-network provider information

Thank you for your assistance. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Contact Information]