

Insurance Verification Request

Date: [Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Phone: [Insurance Company Phone Number]

Attention: [Claims/Verification Department]

Dear [Insurance Representative's Name],

I am writing to request verification of insurance benefits for the following patient:

Patient Name: [Patient's Full Name]

Patient ID: [Patient's ID Number]

Date of Birth: [Patient's Date of Birth]

Policy Number: [Patient's Policy Number]

Service Date: [Date of Service]

Procedure Code(s): [List of Procedure Codes]

We are seeking to confirm the patient's eligibility and benefits for the requested service. Please provide written verification of coverage along with any applicable co-pays, deductibles, and other financial responsibilities.

Thank you for your attention to this matter. Please feel free to contact me directly at [Your Phone Number] or [Your Email Address] should you require any additional information.

Sincerely,

[Your Full Name]

[Your Job Title]

[Your Facility/Practice Name]

[Facility Address]

[Facility Phone Number]