

Patient Insurance Assessment Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Contact/Claims Department],

I am writing to request an insurance assessment for my recent medical treatments. Below are the details pertaining to my case:

Patient Name: [Patient's Full Name]

Patient ID/Policy Number: [Patient ID or Policy Number]

Date of Service: [Service Date]

Provider Name: [Healthcare Provider/Facility Name]

Services Rendered: [List of Services]

Please review my case and provide an assessment to determine eligibility for coverage under my insurance policy. I have attached all relevant medical records and documentation to assist in your evaluation.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]