

[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],

I am writing to request detailed information regarding the coverage of healthcare services under my policy, [Policy Number]. Specifically, I would like to inquire about the following services:

- [Service 1]
- [Service 2]
- [Service 3]

Additionally, please include any relevant information regarding co-pays, deductibles, and any required pre-authorization for these services.

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

Sincerely,

[Your Name]