

Request for Patient Insurance Policy Verification

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Phone: [Insurance Company Phone]

Email: [Insurance Company Email]

Dear [Insurance Company Representative],

I am writing to request the verification of the insurance policy for our patient, [Patient's Full Name], who has an appointment scheduled on [Appointment Date]. Below are the relevant details:

- **Patient's Date of Birth:** [Patient's DOB]
- **Policy Number:** [Patient's Policy Number]
- **Group Number:** [Patient's Group Number]

Please confirm the eligibility and coverage details for the above-mentioned patient at your earliest convenience. This will help us in processing any treatments required without any delays.

Thank you for your attention to this matter. If you need any further information, please feel free to contact me at [Your Phone Number] or [Your Email].

Sincerely,

[Your Name]

[Your Position]

[Your Facility/Organization Name]

[Facility Address]

[Facility Phone Number]

[Facility Email]