

# Inquiry About Patient Benefits for Treatment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email]

[Your Phone Number]

To Whom It May Concern,

I hope this message finds you well. I am writing to inquire about the benefits available for patient treatment under my current insurance plan. My name is [Insert Name] and my policy number is [Insert Policy Number].

Specifically, I would like to understand the following:

- The treatment options covered under my policy.
- Any co-pays or deductibles associated with these treatments.
- The process for obtaining pre-approval for specific treatments.
- Any limitations on the number of visits or treatments per year.

I appreciate your assistance in providing clarity on these matters and look forward to your prompt response.

Thank you for your attention to this inquiry.

Sincerely,

[Your Name]