

Inquiry on Coverage Options for Medical Services

[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 Representative's Name or "Customer Service"],

I hope this message finds you well. I am writing to inquire about the coverage options available for medical services under my policy, [Your Policy Number].

Specifically, I am interested in understanding the following:

- Coverage for outpatient services
- Inpatient hospitalization coverage details
- Any exclusions or limitations related to pre-existing conditions
- Prescription drug coverage options

Thank you for your assistance. I look forward to your prompt response.

Best regards,

[Your Name]