

Health Insurance Coverage Confirmation Request

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Subject: Request for Health Insurance Coverage Confirmation

Dear [Recipient Name],

I hope this message finds you well. I am writing to request confirmation of my health insurance coverage details under policy number [Insert Policy Number].

As I am planning to [mention any relevant medical procedure or appointment], it is important for me to verify my coverage and benefits.

Please provide the following information at your earliest convenience:

- Confirmation of active coverage
- Details of covered services and benefits
- Any applicable co-pays or deductibles

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

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]