

# Request for Health Insurance Coverage Details

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Provider Name]

[Insurance Provider Address]

[City, State, Zip Code]

Dear [Insurance Provider Contact Name or Customer Service],

I hope this message finds you well. I am writing to request detailed information regarding my health insurance coverage.

My policy number is [Insert Policy Number]. I would appreciate it if you could provide me with the following details:

- Coverage limits
- Exclusions and limitations
- Deductibles and copayments
- List of covered services

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

Sincerely,

[Your Name]