

Health Insurance Coverage Inquiry

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to inquire about the coverage specifics of my health insurance policy with [Insurance Company Name], policy number [Policy Number].

Specifically, I would like to know:

- What medical services are covered under my plan?
- Are there any specific exclusions or limitations I should be aware of?
- What are the co-payments and deductibles associated with my coverage?

Your assistance in providing this information will greatly help me in planning my healthcare needs. Thank you for your attention to this matter, and I look forward to your prompt response.

Sincerely,

[Your Name]