

Health Insurance Policy Verification Request

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to request verification of my health insurance policy with policy number [Insert Policy Number].

As part of my current healthcare requirements, I would like to confirm the details of my coverage, including but not limited to:

- Coverage effective date
- Policy benefits or exclusions
- Premium payment schedule

Please send the verification details to my email address at [Insert Email Address] or my mailing address at [Insert Mailing Address]. If you need any further information or documentation from my side, do not hesitate to contact me at [Insert Phone Number].

Thank you in advance for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]