

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Request for Insurance Verification

Dear [Insurance Representative's Name],

I am writing to request verification of insurance coverage for an outpatient procedure scheduled for [Date of Procedure]. The details of the procedure are as follows:

- Patient Name: [Patient's Full Name]
- Patient ID: [Patient's ID or Policy Number]
- Procedure: [Name of Procedure]
- Facility: [Facility Name]
- Scheduled Date: [Date]

We would appreciate your prompt attention to this matter so that we can ensure the necessary coverage and avoid any potential issues at the time of service. Please let us know if you require any additional information or documentation to process this verification.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Title or Relationship to Patient]