

# Healthcare Program Enrollment Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To Whom It May Concern,

I am writing to formally request enrollment in the [Name of Healthcare Program]. I am interested in this program because [briefly explain your reasons for enrolling].

Details for my application are as follows:

- Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Insurance Provider: [Your Insurance Provider Name]
- Policy Number: [Your Policy Number]

Attached to this letter, you will find the necessary documents required for my enrollment application, including [list of attached documents].

Please let me know if there are any additional forms or information needed to process my request. I look forward to your prompt response and hope to be a part of the program soon.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]