

Insurance Inquiry for Eye Examination

Your Name

Your Address

City, State, Zip Code

Email Address

Phone Number

Date

Insurance Company Name

Insurance Company Address

City, State, Zip Code

Dear [Insurance Company Representative's Name],

I am writing to inquire about my insurance coverage for an eye examination. I am scheduled for an appointment on [Appointment Date] at [Optometrist's Name/Clinic Name].

Could you please confirm if my policy covers the costs associated with this eye examination? Additionally, I would appreciate details on any co-pays, deductibles, or pre-authorization requirements that may apply.

My policy number is [Your Policy Number], and I would be grateful for your prompt response to this inquiry as my appointment date is approaching.

Thank you for your assistance.

Sincerely,

Your Name