

# Insurance Coverage Clarification

Date: [Insert Date]

To Whom It May Concern,

I am writing to request clarification regarding insurance coverage for the Cardiology Rehabilitation Program that I am scheduled to undergo. My name is [Your Full Name], and my policy number is [Your Policy Number].

As per my understanding, the cardiology rehabilitation program includes essential services such as individualized exercise plans, nutritional counseling, and education on heart health management. I would like to confirm if these services are covered under my current insurance plan.

Additionally, I would appreciate information on any prerequisites needed for coverage approval, including necessary documentation or referrals from my healthcare provider.

Thank you for your attention to this matter. I look forward to your prompt response so that I can proceed with my rehabilitation without any financial concerns.

Sincerely,

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Phone Number]

[Your Email Address]