

# Coverage Scope Explanation Request for Benefit Assessment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To Whom It May Concern,

I am writing to request a detailed explanation of the coverage scope related to my policy [Insert Policy Number]. I am currently undergoing a benefit assessment and require clarification on the specific services and treatments included in my coverage.

Understanding the full extent of my benefits is crucial for my ongoing treatment plan. I would appreciate it if you could provide information regarding:

- In-network vs out-of-network benefits
- Co-pays and deductibles associated with my plan
- Any limitations or exclusions that may apply
- Pre-approval requirements for specific treatments

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]