

Coverage Scope Query

Date: [Insert Date]

To: [Service Provider Name]

Address: [Service Provider Address]

Subject: Inquiry Regarding Coverage Scope and Service Limitations

Dear [Service Provider Name],

I am writing to inquire about the coverage scope and any limitations associated with the services provided under my account, referenced by [Account Number/ID]. I would like to gain a clearer understanding of the following:

- Specific services included within the coverage area.
- Any exclusions or limitations that may affect my access to services.
- Geographical restrictions, if any, on service availability.
- Criteria for service eligibility and any exceptions to the standard coverage.

Understanding these limitations is crucial for me to fully utilize the services provided. I would appreciate a detailed response at your earliest convenience.

Thank you for your assistance in this matter.

Sincerely,

[Your Name]

[Your Address]

[Your Email]

[Your Phone Number]