

Health Insurance Confirmation Request

[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 Contact/Department],

I am writing to request a confirmation of my health insurance coverage. My details are as follows:

Policyholder Name: [Your Name]

Policy Number: [Your Policy Number]

Date of Birth: [Your Date of Birth]

Could you please provide written confirmation of my health insurance coverage status? This information is vital for my current medical appointments and care.

Thank you for your assistance. I look forward to your prompt response.

Sincerely,

[Your Name]