

# Health Insurance Eligibility Verification Request

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

City, State, Zip: [Insurance Company City, State, Zip]

Subject: Verification of Health Insurance Eligibility

Dear [Insurance Representative's Name],

I am writing to request verification of health insurance eligibility for the following individual:

**Patient Name:** [Patient's Full Name]

**Date of Birth:** [Patient's Date of Birth]

**Policy Number:** [Patient's Policy Number]

We kindly ask you to confirm the following details:

- Eligibility status
- Effective date of coverage
- Co-payment and deductible information
- Covered services

If you require any additional information to process this request, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Facility/Organization Name]

[Facility Address]

[City, State, Zip]