

# Health Insurance Policy Verification Letter

Date: [Insert Date]

To,

[Insurance Company Name]

[Insurance Company Address]

Subject: Verification of Health Insurance Policy

Dear [Insurance Company Contact/Customer Service],

I am writing to request verification of my health insurance policy. Below are the details for your reference:

**Policyholder Name:** [Your Name]

**Policy Number:** [Your Policy Number]

**Plan Type:** [Your Plan Type]

**Date of Birth:** [Your Date of Birth]

Please confirm the current status of my health insurance policy, including coverage details and any pending claims, at your earliest convenience.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]