

Health Insurance Records Confirmation

Date: [Date]

To: [Recipient Name]

[Recipient Address]

[City, State, Zip Code]

Dear [Recipient Name],

This letter is to confirm that we have received your request for health insurance records. Your records are currently being processed, and we aim to provide you with the necessary documentation by [Expected Date].

If you have any questions or need further assistance, please do not hesitate to contact us at [Phone Number] or [Email Address].

Thank you for your patience.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Address]

[City, State, Zip Code]