

Inquiry Regarding Palliative Care Insurance Coverage

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Contact/Claims Department],

I hope this message finds you well. I am writing to inquire about the coverage details for palliative care services under my current insurance policy ([Policy Number]).

As my loved one is currently facing a serious illness, we are exploring palliative care options to ensure their quality of life. I would appreciate it if you could provide me with the following information:

- Details of coverage for palliative care services
- Any necessary documentation required for approval
- Information on in-network providers offering palliative care
- Any waiting periods or exclusions that may apply

Thank you for your assistance in this matter. I look forward to your prompt response so that we can make informed decisions regarding care.

Sincerely,

[Your Name]