

Hospital Admission Requirements for Insurance Verification

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Attention: [Claims Department/Specific Contact Person]

Dear [Insurance Company Name],

We are writing to notify you of the upcoming admission of our patient, [Patient's Full Name], who is scheduled to be admitted to [Hospital Name] on [Admission Date]. In order to facilitate a smooth process for insurance verification, we have summarized the necessary requirements as follows:

- Patient Information: Full Name, Date of Birth, and Insurance ID Number
- Admission Diagnosis: [Diagnosis or Reason for Admission]
- Expected Length of Stay: [Number of Days]
- Procedure(s) Scheduled: [List of Procedures if Applicable]
- Referring Physician: [Physician's Name and Contact Information]
- Authorization Number: [If Applicable]

We kindly request the verification of benefits and coverage for the patient's upcoming admission. Please feel free to contact us at [Hospital Phone Number] or [Hospital Email Address] should you need any additional information to process this request.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Job Title]

[Hospital Name]

[Hospital Address]

[Contact Information]