

Coverage Entitlement Clarification

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to seek clarification regarding my coverage entitlements under [specific policy/plan name], effective from [start date].

There seems to be some confusion regarding [specific issue, e.g., "the extent of coverage for outpatient services," or "the deductible requirements"], and I would greatly appreciate your assistance in providing detailed information on this matter.

Could you please send me the relevant documentation or direct me to where I can find the precise details of my coverage entitlements? This would help me make informed decisions regarding my healthcare needs moving forward.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]