

# Coverage Entitlement Request

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Subject: Request for Coverage Entitlement

Dear [Insurance Company Representative's Name],

I am writing to formally request a review of my entitlement to coverage under my insurance policy #[Insert Policy Number]. Due to [insert reason for request], I believe that I am eligible for coverage.

Please find attached the necessary documentation to support my request, including [list any attachments, e.g., medical records, bills, etc.]. I would appreciate your prompt attention to this matter and look forward to your response.

Thank you for your consideration.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]