

Confirmation of Hospitalization Benefits

Date: [Insert Date]

To,

[Recipient Name]

[Recipient Address]

[City, State, Zip Code]

Dear [Recipient Name],

We are pleased to confirm that your hospitalization benefits under your health insurance policy with [Insurance Company Name] have been approved. Below are the details of your coverage:

- **Policy Number:** [Policy Number]
- **Patient Name:** [Patient Name]
- **Admission Date:** [Admission Date]
- **Discharge Date:** [Discharge Date]
- **Coverage Amount:** [Coverage Amount]
- **Hospital Name:** [Hospital Name]

We encourage you to contact our customer service team at [Customer Service Phone Number] for any questions regarding your coverage or further assistance.

Thank you for choosing [Insurance Company Name] for your health insurance needs. We wish you a smooth and speedy recovery.

Sincerely,

[Your Name]

[Your Position]

[Insurance Company Name]

[Contact Information]