Hospitalization Coverage Verification Request

Date: [Insert Date]

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Dear [Insurance Company Contact/Department],

I am writing to request verification of hospitalization coverage for my upcoming medical procedure. Below are the relevant details:

Patient Name: [Patient's Name]
Policy Number: [Policy Number]
Date of Admission: [Admission Date]
Hospital Name: [Hospital Name]
Procedure Description: [Description of Procedure]

Please confirm whether the above-mentioned hospitalization and procedure are covered under my policy. If there are any additional requirements or information needed, do not hesitate to contact me at the number listed above.

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

Sincerely,
[Your Name]