

# Patient Hospitalization Benefits Confirmation

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Hospital Name: [Insert Hospital Name]

Policy Number: [Insert Policy Number]

Dear [Patient Name],

We are pleased to confirm that your hospitalization benefits under policy number [Insert Policy Number] have been approved.

Details of your coverage:

- Admission Date: [Insert Admission Date]
- Expected Discharge Date: [Insert Discharge Date]
- Room Type: [Insert Room Type]
- Coverage Amount: [Insert Coverage Amount]

Please ensure to present this confirmation letter upon admission to the hospital. If you have any questions regarding your benefits, feel free to contact us at [Insert Contact Information].

Thank you for choosing [Insurance Company Name]. We wish you a speedy recovery.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Contact Information]