

Inpatient Treatment Coverage Confirmation

Date: [Insert Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

This letter serves as a written confirmation of your inpatient treatment coverage under your health insurance plan with [Insurance Company Name]. We have reviewed your request for coverage related to your upcoming treatment at [Facility Name].

We are pleased to inform you that the following services are covered:

- Admission to [Facility Name] for [specific treatment] starting on [admission date].
- Room and board during your stay.
- All medically necessary treatments and procedures as prescribed by your healthcare provider.

Please note that coverage is subject to the terms and conditions of your policy, including any applicable copayments or deductibles. We recommend that you verify your benefits by contacting our customer service department at [Customer Service Phone Number].

If you have any questions regarding this confirmation or your coverage, please do not hesitate to reach out to us.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Insurance Company Contact Information]