

# Insurance Coverage Confirmation

Date: [Insert Date]

[Insured's Name]

[Insured's Address]

[City, State, Zip Code]

Policy Number: [Insert Policy Number]

## To Whom It May Concern,

We are writing to confirm that the following wound care services are covered under [Insured's Name]'s insurance policy with us.

### Services Covered:

- In-home wound care management
- Dressing changes
- Patient education and training
- Follow-up appointments

These services will be covered as per the terms outlined in the policy [Insert Policy Name or Number]. Please refer to the policy details for any co-payments, deductibles, or limitations.

If you have any questions or require further assistance, please feel free to contact our office at [Insert Contact Number] or [Insert Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Company]

[Company Address]

[City, State, Zip Code]

[Contact Information]