

Radiology Services Insurance Verification

Date: [Insert Date]

[Recipient Name]

[Recipient Address]

[City, State, Zip Code]

Dear [Recipient Name],

We are writing to request verification of benefits for our patient, [Patient Name], who is scheduled to receive radiology services on [Appointment Date]. The details of the procedure are as follows:

- Procedure: [Specific Radiology Procedure]
- Date of Service: [Appointment Date]
- Patient ID: [Patient ID Number]

Please confirm the following details:

- Eligibility for coverage of the specified procedure
- Co-pay and deductible amounts that apply
- Pre-authorization requirements, if any

Your prompt response will help us ensure that the necessary arrangements can be made for our patient's care. Thank you for your assistance in this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]