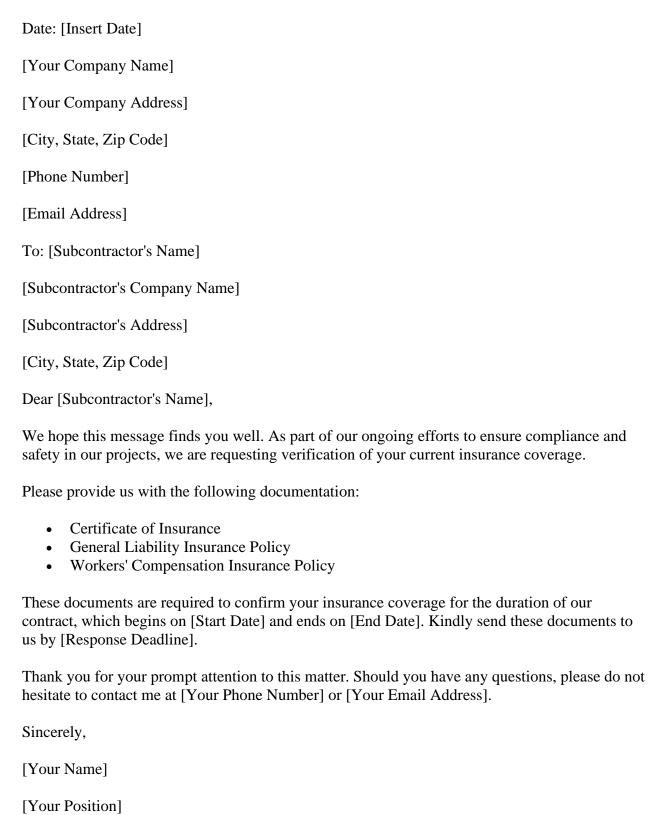
## **Insurance Verification Request**



[Your Company Name]