

Request for Health Screening Eligibility Information

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

To Whom It May Concern,

I am writing to request information regarding my eligibility for health screening services. I am interested in understanding the criteria and procedures in place for accessing these services as part of my healthcare plan.

Could you please provide me with the necessary details regarding eligibility requirements, any relevant timelines, and how to proceed with scheduling a screening?

Thank you for your assistance. I look forward to your prompt response.

Sincerely,

[Your Name]