

Health Insurance Policy Confirmation

Date: [Date]

Policyholder Name: [Policyholder's Name]

Policy Number: [Policy Number]

Address: [Policyholder's Address]

Dear [Policyholder's Name],

We are pleased to confirm your health insurance policy with the policy number [Policy Number]. Your coverage will commence on [Start Date] and will remain valid until [End Date].

Policy Details:

- Coverage Type: [Type of Coverage]
- Monthly Premium: [Premium Amount]
- Deductible: [Deductible Amount]
- Co-Payment: [Co-Payment Amount]

Please review your policy documents carefully and keep them in a safe place. If you have any questions or need further assistance, do not hesitate to contact us at [Customer Service Phone Number] or [Customer Service Email].

Thank you for choosing [Insurance Company Name]. We look forward to serving your health insurance needs.

Sincerely,

[Your Name]

[Your Position]

[Insurance Company Name]

[Contact Information]