

# Insurance Information Update

Date: [Insert Date]

To: [Clinic Name]

Address: [Clinic Address]

Dear [Clinic Administrator's Name],

I am writing to inform you of an update to my insurance information for clinic services. Please find my new insurance details below:

## Insurance Information

**Insured Name:** [Your Full Name]

**Insurance Provider:** [Insurance Company Name]

**Policy Number:** [Your Policy Number]

**Group Number:** [Your Group Number]

**Effective Date:** [Effective Date of Insurance]

Please update your records accordingly. If you require any additional documentation or information, feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Full Name]

[Your Address]

[Your Phone Number]

[Your Email Address]