

# Request for Medical Procedure Report for Insurance Verification

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]

[Date]

[Insurance Company Name]  
[Insurance Company Address]  
[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to request the medical procedure report regarding my recent treatment for [specific medical condition/procedure] that was conducted on [date of procedure] at [medical facility name]. This documentation is required for my insurance verification process.

Details of the procedure are as follows:

- Patient Name: [Your Full Name]
- Policy Number: [Your Policy Number]
- Provider Name: [Provider's Name]
- Date of Service: [Date of Procedure]

Kindly send the requested report to my address listed above or to my email at [Your Email]. If you require any further information to process this request, please do not hesitate to contact me at the phone number provided.

Thank you for your assistance in this matter.

Sincerely,  
[Your Name]