

Audiology Service Insurance Verification

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are writing to request verification of benefits for our patient, [Patient's Name], who is seeking audiology services at our clinic. Please see the details below:

Patient Information:

Name: [Patient's Name]

Date of Birth: [Patient's DOB]

Policy Number: [Patient's Policy Number]

Group Number: [Patient's Group Number]

Services Requested:

- Audiological evaluation
- Hearing aid fitting
- Follow-up appointments

We would appreciate it if you could provide us with the following information:

- Coverage for audiology services
- Co-pays and deductibles
- Pre-authorization requirements

Thank you for your attention to this matter. We look forward to your prompt response.

Sincerely,

[Your Name]

[Your Title]

[Your Audiology Clinic Name]

[Clinic Address]

[City, State, Zip Code]

[Phone Number]
[Email Address]