

Inquiry into Out-of-Network Service Pricing

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

[Date]

[Recipient's Name]
[Recipient's Title]
[Company/Insurance Provider Name]
[Company Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to inquire about the pricing structure for out-of-network services under my current health insurance plan, [Your Insurance Plan Name]. I would appreciate it if you could provide detailed information regarding the following:

- Current out-of-network reimbursement rates
- Any precertification or prior authorization requirements
- The process for filing claims for out-of-network services
- Any caps or limits on coverage for out-of-network services
- Additional fees or costs associated with such services

Sincerely,

[Your Name]