

# **Request for Urgent Care Center Insurance Acceptance Information**

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

[Date]

[Urgent Care Center Name]  
[Urgent Care Center Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to request information regarding your acceptance of my insurance plan, [Insurance Provider's Name], at your urgent care center. I would like to know if you are currently in-network for this insurance, as well as any details regarding co-pays, deductibles, and covered services.

Due to a recent medical situation, I need to seek urgent care services, and having this information will help me make an informed decision about my healthcare options.

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

Sincerely,  
[Your Name]