

Health Insurance Coverage Inquiry

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Phone: [Insurance Company Phone Number]

Dear [Insurance Representative's Name],

I hope this message finds you well. I am writing to inquire about my current health insurance coverage, policy number [Insert Policy Number]. I would like to clarify the following details:

- Coverage limits and exclusions
- Network of healthcare providers
- Out-of-pocket expenses, including deductibles and copays
- Prescription drug coverage

Additionally, if there are any changes to my policy or coverage options available, I would appreciate your guidance on these matters.

Thank you for your assistance. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]