

Request for Clarification of Medical Insurance Policy

[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/Customer Service],

I am writing to request a clearer explanation of my medical insurance policy, specifically concerning [specific sections or topics you need clarification on].

As a policyholder since [your policy start date], I want to ensure that I fully understand the benefits and limitations of my coverage. I believe that a detailed explanation will help me utilize my policy more effectively and avoid any potential misunderstandings in the future.

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]