

Insurance Eligibility Confirmation

Date: [Insert Date]

To: [Recipient Name]

[Recipient Address]

[City, State, Zip Code]

Dear [Recipient Name],

We are pleased to inform you that your eligibility for maximum benefit under your insurance plan has been confirmed. As of [Insert Effective Date], your coverage includes the following benefits:

- Maximum Coverage Amount: \$[Insert Amount]
- Deductible: \$[Insert Amount]
- Co-Payment: \$[Insert Amount]
- Coverage for [Specific Services Covered]

Please ensure that all claims are submitted in accordance with the policy guidelines. For any further queries or assistance, feel free to contact our customer service at [Insert Phone Number] or [Insert Email Address].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Your Name]

[Your Position]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]