

Request for Preventive Measure Coverage

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to formally request coverage for preventive measures under my health insurance policy number [Insert Policy Number]. I believe that these preventive measures are essential for maintaining my health and preventing potential medical issues in the future.

Details of the requested preventive measures are as follows:

- [Description of Preventive Measure 1]
- [Description of Preventive Measure 2]
- [Description of Preventive Measure 3]

According to my understanding of the benefits provided under my health insurance plan, these services should be covered as preventive care. I have attached any relevant documentation, including [list any attachments such as medical records or physician recommendations].

I appreciate your attention to this matter and look forward to your prompt response. Please do not hesitate to contact me if you require any additional information.

Thank you for your assistance.

Sincerely,

[Your Name]