

Ongoing Health Issue Insurance Review

Date: [Insert Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I hope this letter finds you well. I am writing to formally request a review of my insurance coverage concerning my ongoing health issues. My policy number is [Insert Policy Number], and I have been a policyholder since [Insert Start Date].

As you are aware, I am currently managing [Brief Description of Health Issue], which has required ongoing medical attention and support. Given the nature of my condition, I believe it is essential to reassess my current coverage and benefits to ensure that my healthcare needs are met effectively.

Specifically, I would like to discuss the following aspects:

- Coverage of treatments and therapies related to my condition.
- Any exclusions or limitations I should be aware of.
- Possibility for increased coverage or additional benefits.

I appreciate your attention to this matter and look forward to your prompt response. Please feel free to contact me at [Your Phone Number] or [Your Email Address] to discuss this further.

Thank you for your consideration.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]