

# Telemedicine Insurance Coverage Application

Date: \_\_\_\_\_

Insurance Company Name

Address

City, State, Zip Code

Dear [Insurance Company Name],

I am writing to formally request coverage for telemedicine services as part of my preventive care visits. My name is [Your Full Name], and my policy number is [Your Policy Number]. I am a member of your insurance plan, and I believe that my preventive healthcare needs can be effectively addressed through telemedicine.

Given the current health landscape, telemedicine provides a safe and convenient way to access essential healthcare services, including routine check-ups and screenings. I would like to ensure that my preventive care visits conducted via telemedicine are covered under my policy.

As part of my request, I would appreciate it if you could provide detailed information regarding the criteria for telemedicine coverage, any specific requirements needed for approval, and the process for submitting claims for these services.

Thank you for your attention to this matter. I look forward to your prompt response and assistance in ensuring that my preventive healthcare needs are met through telemedicine services.

Sincerely,

[Your Full Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]