

Telemedicine Insurance Coverage Confirmation Request

Date: [Insert Date]

[Your Name]

[Your Title]

[Your Organization]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

To Whom It May Concern,

We are writing to request confirmation of insurance coverage for telemedicine services for our new client, [Client's Name], who is covered under policy number [Policy Number].

As a healthcare provider, it is important for us to ensure that our clients have access to necessary care through telemedicine. Please provide confirmation on whether telemedicine services are covered under this policy, including any relevant details regarding co-pays, deductibles, and limitations.

Thank you for your attention to this matter. We look forward to your prompt response to facilitate the care of our client.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]