

Telemedicine Insurance Coverage Extension Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To Whom It May Concern,

I am writing to formally request an extension of my telemedicine insurance coverage for out-of-state services. My insurance policy number is [Insert Policy Number]. Due to [insert reason, e.g., a medical condition that requires specialist care], I have been utilizing telemedicine services from [Insert Provider Name], who is located in [Insert Provider Location].

Given the current circumstances, including [insert any relevant details about the situation, e.g., travel restrictions, the COVID-19 pandemic], I am seeking your assistance in ensuring that my coverage for these necessary telemedicine services remains active, despite the provider being located out of state.

I appreciate your attention to this matter and look forward to your prompt response. Please feel free to contact me at [Insert Phone Number] or [Insert Email] should you require any further information.

Thank you for your consideration.

Sincerely,

[Your Name]