

Insurance Coverage Request for Telemedicine Services

Date: **[Insert Date]**

To: **[Insurance Company Name]**

Address: **[Insurance Company Address]**

Policy Number: **[Insert Policy Number]**

Subscriber Name: **[Insert Your Name]**

Subscriber ID: **[Insert ID Number]**

Dear **[Insurance Company Name]**,

I am writing to formally request coverage for telemedicine services related to the management of my chronic illness, **[Specify Chronic Illness]**. As per my diagnosis and treatment plan outlined by my healthcare provider, **[Provider's Name]**, telemedicine has become an essential part of my ongoing care.

Due to [specific reasons such as travel limitations, ongoing pandemic concerns, or need for regular consultations], in-person visits are not feasible at this time. Telemedicine allows me to receive timely and effective medical care, which is crucial for managing my condition.

Enclosed with this letter are the necessary documents, including:

- Medical records
- Detailed treatment plan
- Letters from healthcare providers

I kindly request you to review my situation and provide coverage for the telemedicine services that are required for my chronic illness management. Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Insert Your Name]

[Insert Your Address]

[Insert Your Phone Number]

[Insert Your Email Address]