

Telemedicine Insurance Coverage Support

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Dear [Insurance Representative's Name],

I am writing to request support for insurance coverage regarding our telemedicine remote monitoring program, which aims to enhance patient care and manage chronic conditions through effective remote monitoring.

Our program includes [briefly describe the services provided, e.g., daily health assessments, vital sign monitoring, etc.], which aligns with best practices for managing patient health remotely and has shown to improve health outcomes.

We believe that this service meets the criteria for coverage under [mention any relevant laws or policies, e.g., Telehealth Expansion Act], and we are seeking a review of your current policies to include telemedicine remote monitoring as a reimbursable service.

Attached, you will find supporting documentation, including clinical evidence, program details, and patient testimonials that showcase the effectiveness of this program.

We appreciate your attention to this matter and look forward to your prompt response. Please feel free to contact me directly at [Your Phone Number] or [Your Email Address] should you require any additional information.

Thank you for your consideration.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Organization's Contact Information]