

# Health Insurance Benefits Clarification

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Representative's Name],

I am writing to request clarification regarding my health insurance benefits under policy number [Your Policy Number]. I would like to understand the specifics concerning [mention the specific issue or benefit you need clarification on, e.g., coverage limits, co-pays, exclusions, etc.].

Despite reviewing my policy documents, I am still unclear about [briefly explain your confusion or questions if necessary]. Your assistance in providing detailed information regarding these aspects would be greatly appreciated.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]