

Medical Insurance Policy Clarification Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

To: [Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Dear [Insurance Company Representative],

I hope this letter finds you well. I am writing to request clarification regarding my medical insurance policy, specifically [insert policy number] which was issued on [insert issue date].

Recently, I have encountered some questions about [describe the specific aspects of the policy that require clarification, e.g., coverage limits, exclusions, claims process, etc.]. I would greatly appreciate it if you could provide detailed information on the following points:

- [First point of clarification]
- [Second point of clarification]
- [Third point of clarification]

Understanding these aspects is crucial for me to manage my healthcare effectively. I appreciate your prompt attention to this matter and look forward to your response.

Thank you for your assistance.

Sincerely,

[Your Name]