

Medical Insurance Provider Change Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Provider Name]

[Provider Address]

[City, State, Zip Code]

Dear [Insurance Provider's Contact Name or Customer Service Team],

I am writing to request a change to my current medical insurance provider. My policy details are as follows:

- Policy Number: [Insert Policy Number]
- Coverage Type: [Insert Coverage Type]
- Current Provider: [Current Provider Name]

Due to [briefly explain the reason for the change, e.g., better coverage options, relocation], I wish to transition to [New Provider Name] as my new medical insurance provider. I would appreciate your guidance on the necessary steps to facilitate this change.

Please let me know if you require any additional information or documentation to process this request. I look forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,

[Your Name]