

[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 Company],

I hope this message finds you well. I am writing to request clarification regarding the health benefits associated with my policy number [Your Policy Number]. I want to ensure I fully understand the coverage and potential out-of-pocket costs for my upcoming medical procedures.

Specifically, I would like detailed information regarding:

- The coverage limits for [specific services or treatments]
- Any applicable co-pays or deductibles
- Pre-authorization requirements
- Out-of-network benefits

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

Sincerely,

[Your Name]