

Health Insurance Coverage Inquiry

Date: [Insert Date]

To: [Insurance Company Name]

From: [Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

Dear [Insurance Company Representative],

I am writing to inquire about my health insurance coverage under policy number [Your Policy Number]. I would like to understand more about the specific benefits, coverage limits, and any exclusions related to my policy.

In particular, I am interested in the following areas:

- Details regarding coverage for [specific services, e.g., hospitalization, prescription medications]
- Information on any deductibles, co-pays, or out-of-pocket expenses
- Clarification on any network restrictions or preferred providers

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

Sincerely,

[Your Name]