

Insurance Policy Inclusion Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Dear [Insurance Company Representative's Name],

I hope this letter finds you well. I am writing to formally request the inclusion of [specific medical condition or service] into my health insurance policy, policy number [Your Policy Number].

Due to [brief explanation of the reason for the request], I believe it is essential for my health plan to cover this addition. I kindly ask you to consider my request for this important inclusion.

Attached to this letter are the relevant documents that support my request. Please feel free to contact me at [Your Phone Number] or [Your Email] should you require any further information.

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

Sincerely,

[Your Name]