

Inquiry Regarding Wellness Insurance Program Coverage

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 message finds you well. I am writing to inquire about the specifics of the wellness insurance program offered by [Insurance Company Name]. I am particularly interested in understanding the coverage details for preventive and wellness services.

Could you please provide information regarding the following:

- Eligible wellness services covered under the program
- Any associated costs or co-pays for these services
- How to access wellness services through the program
- Any age or health conditions that may affect eligibility

Thank you for your assistance. I look forward to your prompt response.

Sincerely,

[Your Name]