

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient Name]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Inquiry on Medical Benefits

Dear [Recipient Name],

I am writing to request information regarding my medical benefits under policy number [Policy Number]. I would like to understand the coverage details and any specific limitations or requirements associated with my benefits.

Specifically, I am interested in the following:

- Details of covered medical services
- Co-pays, deductibles, and co-insurance information
- Pre-authorization requirements
- Any network restrictions

Thank you.

Sincerely,

[Your Name]