

Letter of Clarification Regarding Insurance Plan Coverage

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to seek clarification regarding my insurance plan coverage provided by [Insurance Company Name] for policy number [Insert Policy Number].

Specifically, I would like to understand the following aspects of my coverage:

- [List specific questions or areas of concern, e.g., coverage limits, exclusions, network providers]
- [Additional questions or details as necessary]

Your assistance in clarifying these points will be greatly appreciated, as it will ensure that I fully understand my benefits and options available to me under my current plan.

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

Sincerely,

[Your Name]