

Out-of-Network Benefits Confirmation

Date: [Insert Date]

To: [Recipient's Name]

Address: [Recipient's Address]

Dear [Recipient's Name],

We are writing to confirm your out-of-network benefits under your insurance plan. Below are the details regarding your coverage:

Policy Information:

Policy Number: [Insert Policy Number]

Group Number: [Insert Group Number]

Out-of-Network Benefits:

- Deductible: [Insert Deductible Amount]
- Coinsurance: [Insert Coinsurance Percentage]
- Out-of-Pocket Maximum: [Insert Out-of-Pocket Maximum]

Please note that services received from out-of-network providers may result in higher out-of-pocket costs, and we encourage you to review your plan documents for more detailed information.

If you have any questions or require further clarification, please feel free to contact our customer service team at [Insert Phone Number] or [Insert Email Address].

Thank you for choosing [Your Company Name].

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Your Company Address]

[Your Company Phone Number]