

Out-of-Network Coverage Inquiry

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 Customer Service],

I hope this message finds you well. I am writing to inquire about the coverage options available for out-of-network services under my policy, [Your Policy Number].

Specifically, I would like to understand the following:

- The percentage of coverage provided for out-of-network providers.
- Any deductible requirements for out-of-network services.
- The process for obtaining prior authorization, if necessary.
- Any specific forms or documentation needed for claims submission.

I appreciate your assistance in clarifying these points, as it will help me make informed decisions regarding my healthcare. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you require any additional information.

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

Sincerely,

[Your Name]