

# Out-of-Network Service Explanation

Date: [Insert Date]

Recipient Name: [Insert Recipient Name]

Recipient Address: [Insert Recipient Address]

Dear [Recipient Name],

We hope this letter finds you well. We are writing to inform you about the recent services you received from [Provider Name] on [Service Date]. As your health insurance provider, we strive to keep you informed about your coverage and financial responsibilities.

It has come to our attention that the services rendered were provided by an out-of-network provider. As a result, your coverage for these services may differ from what you would receive if you utilized an in-network provider.

Below are the important details regarding the out-of-network services:

- Provider Name: [Provider Name]
- Service Type: [Insert Service Type]
- Date of Service: [Service Date]
- Total Cost of Service: [Total Cost]
- Amount Covered by Insurance: [Covered Amount]
- Your Financial Responsibility: [Your Amount]

We encourage you to review your policy for specific out-of-network benefits and contact our customer service team at [Customer Service Phone Number] if you have any questions or need further assistance.

Thank you for choosing [Insurance Company Name] for your healthcare needs.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Contact Information]