

Inquiry Regarding Pre-Existing Condition Coverage

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Recipient's Name]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to inquire about the coverage options available for pre-existing conditions under my current health insurance policy with [Insurance Company Name]. My policy number is [Your Policy Number].

As I have a pre-existing condition, I would like to understand the specific terms and conditions that apply to my coverage, including any waiting periods, exclusions, or additional costs that may be involved. It is important for me to ensure that I have adequate coverage for my health needs.

I would appreciate it if you could provide me with detailed information regarding this matter at your earliest convenience. If any additional documentation is required, please let me know.

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

Sincerely,

[Your Name]