

# Request for Benefit Explanation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I hope this letter finds you well. I am writing to request a detailed explanation of the benefits provided under my health insurance policy, specifically regarding [mention specific benefits or services]. My policy number is [Your Policy Number].

Understanding my coverage is important for me to make informed decisions regarding my healthcare. I would appreciate if you could provide me with the following information:

- A detailed breakdown of covered services under my policy.
- The co-payments, deductibles, and co-insurance applicable to these services.
- Any exclusions or limitations related to these benefits.

Please let me know if you require any additional information to assist with my request. I appreciate your prompt attention to this matter and look forward to your response.

Thank you for your assistance.

Sincerely,

[Your Name]