

# Request for Clarification

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Customer Service/Specific Name],

I am writing to request clarification on my health insurance coverage under policy number [Your Policy Number]. I have some questions regarding [specific coverage issues, services, or claims that need clarification].

Specifically, I would like to understand [insert specific questions or concerns, e.g., the coverage details for a specific treatment, co-pays, deductibles, etc.].

Sincerely,

[Your Name]