

Medical Insurance Confirmation

Date: [Insert Date]

To Whom It May Concern,

This letter is to confirm that [Patient Name], residing at [Patient Address], is a participant in the government assistance program for medical insurance effective from [Start Date] to [End Date].

The coverage includes the following:

- Emergency Services
- Doctor Visits
- Preventive Care
- Prescription Medications
- Hospitalization

If you require any further information or verification, please do not hesitate to contact us at [Contact Information].

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Organization Contact Information]