# Medical Insurance Confirmation

Date: [Insert Date]

To: [Insert Insured's Name]

Address: [Insert Insured's Address]

Policy Number: [Insert Policy Number]

Dear [Insert Insured's Name],

We are pleased to confirm your enrollment in our medical insurance plan. Below are the details of your individual plan:

- **Plan Name:** [Insert Plan Name]
- **Coverage Start Date:** [Insert Start Date]
- **Coverage End Date:** [Insert End Date]
- **Monthly Premium:** [Insert Premium Amount]

Your plan provides a wide range of benefits to ensure your healthcare needs are met. For any questions or further assistance, please do not hesitate to contact our customer support.

Thank you for choosing us for your medical insurance needs.

Sincerely,

[Insert Your Name]

[Insert Company Name]

[Insert Contact Information]