

Medical Insurance Confirmation

Date: [Insert Date]

To: [Recipient Name]

[Recipient Address]

[City, State, Zip Code]

Dear [Recipient Name],

We are pleased to inform you that your application for low-income medical insurance assistance has been approved. This letter serves as confirmation of your enrollment in the program.

Your coverage details are as follows:

- Insurance Provider: [Provider Name]
- Policy Number: [Policy Number]
- Effective Date: [Effective Date]
- Coverage Type: [Coverage Type]

Please retain this letter for your records. Should you have any questions or require further assistance, feel free to contact our office at [Contact Information].

Thank you for allowing us to assist you.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Contact Information]