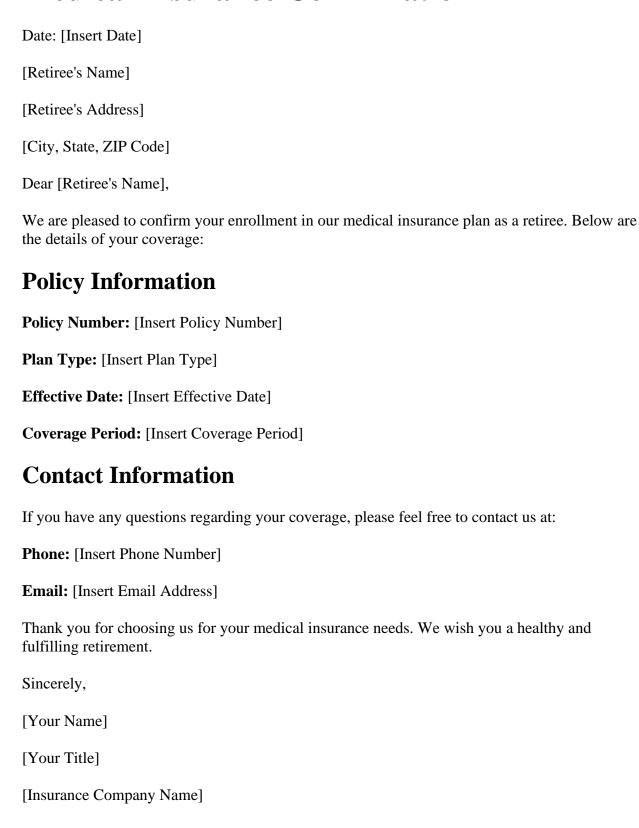
Medical Insurance Confirmation



[Insurance Company Address]

[City, State, ZIP Code]