

Medical Insurance Confirmation

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

This letter is to confirm that you are covered under our medical insurance plan as a self-employed individual. Your policy details are as follows:

- Policy Number: [Insert Policy Number]
- Policy Start Date: [Insert Start Date]
- Coverage Type: [Insert Coverage Type]
- Premium Amount: [Insert Premium Amount]

Please keep this letter for your records. If you have any questions regarding your coverage or need further assistance, do not hesitate to contact us.

Thank you for choosing our services.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Your Contact Information]