

Medical Insurance Confirmation

Date: [Insert Date]

To Whom It May Concern,

This letter serves as confirmation that [Student Name], a student at [University/College Name], is covered under a medical insurance plan provided by [Insurance Company Name].

Policy Number: [Policy Number]

Coverage Period: [Start Date] to [End Date]

The medical insurance plan covers a variety of services including, but not limited to:

- Emergency medical services
- Hospitalization
- Outpatient care
- Prescription medications

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

Sincerely,

[Your Name]

[Title]

[University/College Name]

[Contact Information]