

Insurance Details Confirmation

Date: [Insert Date]

To Whom It May Concern,

This letter is to confirm that the following insurance details pertain to (Patient Name), who is scheduled for a urology test on (Test Date).

Patient Information

- Name: [Insert Patient Name]
- Date of Birth: [Insert DOB]
- Policy Number: [Insert Policy Number]
- Group Number: [Insert Group Number]

Insurance Information

- Insurance Provider: [Insert Provider Name]
- Contact Number: [Insert Provider Contact]
- Policy Type: [Insert Policy Type]

Test Details

Test Name: [Insert Test Name]

Scheduled Date: [Insert Scheduled Date]

Please contact us at [Insert Contact Information] if you have any questions or need further information.

Sincerely,

[Your Name]

[Your Title]

[Your Institution]