

Health Insurance Entitlement Check

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative/Claims Department],

I am writing to inquire about my health insurance entitlement status. My policy number is [Insert Policy Number] and my date of birth is [Insert Date of Birth].

Could you please provide me with information regarding my current coverage, including the benefits that I am entitled to and any limitations that may apply?

Thank you for your assistance. I look forward to your prompt response.

Sincerely,

[Your Name]