

# Health Insurance Coverage Request

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

**[Insurance Company Name]**

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to formally request health insurance coverage for [specific service/treatment or medication] that I have been advised to pursue by my healthcare provider, Dr. [Doctor's Name]. This service is crucial for my health due to [brief explanation of your health condition or reason for request].

My policy number is [Your Policy Number], and I have attached [any relevant documents, such as a doctor's recommendation, medical records, or previous claims] to support this request.

I appreciate your prompt attention to this matter, as it greatly impacts my ongoing treatment. Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you require any further information.

Thank you for your consideration.

Sincerely,

[Your Name]