

# Health Insurance Coverage Inquiry

Date: [Insert Date]

To: [Insurance Provider's Name]

From: [Your Name]

Address: [Your Address]

Email: [Your Email]

Phone: [Your Phone Number]

Dear [Insurance Provider's Contact],

I hope this message finds you well. I am writing to inquire about my health insurance coverage and would appreciate your assistance in answering the following questions:

1. What specific services are covered under my current policy?
2. Are there any waiting periods for certain procedures or treatments?
3. What is the process for appealing a denied claim?
4. Can you provide a list of in-network healthcare providers?
5. What are the co-pay, deductible, and maximum out-of-pocket costs associated with my plan?
6. Are there any exclusions or limitations I should be aware of?
7. What steps should I take if I need to add a dependent to my policy?

Thank you for your attention to these matters. I look forward to your prompt response.

Sincerely,

[Your Name]