

# Healthcare Enrollment Confirmation Letter

Date: [Insert Date]

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]

[Recipient Name]  
[Recipient Title/Position]  
[Organization Name]  
[Organization Address]  
[City, State, Zip Code]

Dear [Recipient Name],

We are pleased to confirm your enrollment in our healthcare program. Your application has been successfully processed, and your coverage will begin on [Start Date].

Details of your enrollment are as follows:

- **Name:** [Your Full Name]
- **Member ID:** [Your Member ID]
- **Plan Type:** [Your Plan Type]
- **Effective Date:** [Start Date]
- **Contact Information:** [Customer Service Contact]

If you have any questions regarding your plan or coverage details, please do not hesitate to contact us at [Customer Service Phone Number] or [Customer Service Email].

Thank you for choosing [Organization Name]. We look forward to providing you with quality healthcare services.

Sincerely,

[Your Name]  
[Your Title]  
[Organization Name]