

Insurance Information for Diagnostic Imaging

Date: [Insert Date]

To Whom It May Concern,

This letter is to provide information regarding the insurance coverage for diagnostic imaging services. Please find the details outlined below:

Patient Information

Name: [Patient Name]

Patient ID: [Patient ID]

Date of Birth: [DOB]

Insurance Information

Insurance Provider: [Insurance Company Name]

Policy Number: [Policy Number]

Group Number: [Group Number]

Diagnostic Imaging Details

Type of Imaging: [Type of Imaging, e.g., MRI, CT Scan]

Date of Service: [Date of Service]

Coverage Details

This diagnostic imaging procedure is covered under the patient's insurance plan as per the policy guidelines.

Please do not hesitate to reach out for further information or clarification.

Thank you.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]