

# Telehealth Service Enrollment Request

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

City, State, Zip: [City, State, Zip Code]

Dear [Insurance Representative's Name],

I am writing to formally enroll in your telehealth service program. As a current policyholder, I believe that accessing healthcare through telehealth will greatly benefit my medical needs while ensuring my safety and convenience.

Policyholder Name: [Your Name]

Policy Number: [Your Policy Number]

Contact Number: [Your Contact Number]

Email: [Your Email Address]

Please find attached the required documentation to facilitate this enrollment. I look forward to your prompt assistance in this matter.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]