

Patient Eligibility Verification Letter

Date: [Insert Date]

To Whom It May Concern,

I am writing to verify the eligibility of the following patient for employee benefits:

Patient Information:

- Name: [Patient Name]
- Date of Birth: [Patient DOB]
- Employee ID: [Employee ID]
- Insurance Provider: [Insurance Provider]
- Policy Number: [Policy Number]

Please confirm the eligibility status of the above-mentioned patient and inform us of any necessary steps to process claims under the employee benefits program.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Contact Information]

[Your Organization]