

# Patient Eligibility Verification Request

Date: [Insert Date]

To Whom It May Concern,

We are writing to request verification of eligibility for a second opinion for our patient, **[Patient's Name]**, who is currently under the care for **[Current Diagnosis or Condition]**.

## **Patient Information:**

- Patient ID: [Insert Patient ID]
- Date of Birth: [Insert Date of Birth]
- Contact Number: [Insert Contact Number]
- Insurance Provider: [Insert Insurance Provider]
- Policy Number: [Insert Policy Number]

We kindly request that you verify whether the patient's current insurance plan covers a second opinion consultation. Please let us know if any further details or documentation are needed to facilitate this request.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Title]

[Your Institution/Practice Name]

[Your Contact Information]