

Patient Eligibility Verification

Date: [Insert Date]

To Whom It May Concern,

This letter is to verify the eligibility of the following patient for urgent care visits:

Patient Name: [Patient's Full Name]

Date of Birth: [Patient's DOB]

Insurance Provider: [Insurance Company Name]

Policy Number: [Policy Number]

The patient requires urgent care services and is eligible for coverage under their current insurance plan.

If you have any further questions or require additional information, please feel free to contact our office at [Office Phone Number] or [Office Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Facility Name]

[Facility Address]

[Facility Phone Number]