

# Insurance Coverage Verification Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to request verification of my insurance coverage under policy number [Insert Policy Number]. I am currently in the process of [insert reason for verification, e.g., scheduling medical procedures, applying for a loan, etc.], and I need to confirm the details of my coverage.

Please provide the following information:

- Type of coverage
- Effective dates of the policy
- Any applicable deductibles and co-pays

Thank you for your prompt attention to this matter. I look forward to your swift response.

Sincerely,

[Your Name]

[Your Policy Number]