

Verification of Insurance Benefits

Date: **[Insert Date]**

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

This letter is to verify the insurance benefits related to your policy with us. Below are the details of your coverage:

Policy Details

Policy Number: [Insert Policy Number]

Insured Name: [Insert Insured Name]

Effective Date: [Insert Effective Date]

Expiration Date: [Insert Expiration Date]

Benefit Summary

Type of Coverage: [Insert Type of Coverage]

Deductible: [Insert Deductible Amount]

Co-Payment: [Insert Co-Payment Amount]

Out-of-Pocket Maximum: [Insert Out-of-Pocket Maximum]

Contact Information

If you have any questions regarding your benefits, please do not hesitate to contact us at:

Phone: [Insert Phone Number]

Email: [Insert Email Address]

Thank you for choosing [Insurance Company Name].

Sincerely,

[Your Name]

[Your Job Title]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]