

Insurance Coverage Verification Request

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

City, State, Zip: [City, State, Zip Code]

Attn: Claims Processing Department

Dear Claims Processing Team,

I am writing to request verification of insurance coverage for the following individual:

Name: [Insured Person's Name]

Policy Number: [Policy Number]

Date of Birth: [Date of Birth]

Claim Number: [Claim Number]

Please confirm the coverage status and any relevant details regarding the claim referenced above. A prompt response will assist in the timely processing of the claim.

Thank you for your attention to this matter. If you require further information, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Name]

[Your Title/Position]

[Your Company/Organization Name]

[Your Company Address]

[City, State, Zip Code]