

Insurance Coverage Verification

Date: [Insert Date]

To Whom It May Concern,

This letter is to verify the insurance coverage of [Client's Name], who is currently applying for state assistance programs. The following information outlines the details of their insurance policy:

Client's Information:

- Name: [Client's Full Name]
- Date of Birth: [Client's DOB]
- Policy Number: [Policy Number]
- Effective Date: [Effective Date]
- Expiration Date: [Expiration Date]

Insurance Provider Information:

- Company Name: [Insurance Company Name]
- Contact Number: [Insurance Company Contact Number]
- Email: [Insurance Company Email]

This policy provides coverage for the following services:

- [List covered services]

If you have any questions or require further information, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]