

Request for Coverage Assessment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Contact or Customer Service],

I am writing to formally request an assessment of my coverage regarding [specific service, procedure, or treatment]. My policy number is [your policy number].

The details of my request are as follows:

- **Patient Name:** [Patient Name]
- **Date of Birth:** [Patient DOB]
- **Type of Service:** [Service Type]
- **Date of Service:** [Proposed Date]

As I require [brief explanation of the necessity of the service], I would appreciate a prompt evaluation of my coverage for this treatment to avoid any unforeseen expenses.

Please let me know if you require any further information or documentation to assist in your assessment.

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

Sincerely,

[Your Name]