

Date: [Insert Date]

To: [Insurance Provider Name]

Address: [Insurance Provider Address]

Attn: Claims Department

Subject: Patient Transfer Notification and Insurance Coverage Request

Dear [Insurance Provider Contact Name],

I am writing to formally notify you of the transfer of patient [Patient's Full Name], Policy Number: [Patient's Policy Number], from [Current Facility/Provider Name] to [New Facility/Provider Name]. The transfer is scheduled for [Transfer Date].

The reason for the transfer is [Brief Description of Health Condition/Need for Transfer]. It is important that the necessary coverage extends to the new facility to ensure uninterrupted care.

Please find enclosed the transfer documentation along with the medical records relevant to this case. We kindly request that you review this information and confirm the coverage for the duration of the patient's stay at [New Facility/Provider Name].

Should you require any further information or have any questions, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Full Name]

[Your Title]

[Current Facility/Provider Name]

[Contact Information]