

Reproductive Health Care Insurance Coverage Verification

Date: [Insert Date]

[Insurance Provider's Name]

[Insurance Provider's Address]

[City, State, Zip Code]

To Whom It May Concern,

Subject: Coverage Verification for Reproductive Health Care Services

I am writing to request verification of my reproductive health care insurance coverage. My details are as follows:

- Policyholder Name: [Insert Name]
- Policy Number: [Insert Policy Number]
- Date of Birth: [Insert Date of Birth]

Please confirm coverage for the following services:

- Annual gynecological exams
- Birth control methods
- Screening and treatment for sexually transmitted infections
- Pregnancy-related services

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

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]