

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Subject: Request for EKG Coverage

Dear [Insurance Company Representative's Name],
I am writing to request coverage for an Electrocardiogram (EKG) that my healthcare provider has recommended for me.

Patient Information:

- Name: [Your Name]
- Policy Number: [Your Policy Number]
- Date of Birth: [Your Date of Birth]

Provider Information:

- Provider Name: [Provider's Name]
- Provider Address: [Provider's Address]
- Provider Phone Number: [Provider's Phone Number]

The EKG is medically necessary due to [reason for the EKG, e.g., symptoms, history, etc.]. My provider has noted that this test is essential for the accurate diagnosis and management of my condition. Please find attached the prescription from my healthcare provider along with any additional documentation that may be needed for your review. I appreciate your attention to this matter and look forward to your timely response.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]