

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

Kaiser Permanente
[Department/Office Name]
[Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to inquire about
[specific issue or topic, e.g., health services, insurance coverage,
etc.].

[Provide a brief explanation of your situation or question, along with
any relevant details or account numbers if applicable.]

I would greatly appreciate any information you can provide regarding this
matter. If there are specific forms or documents I need to complete,
please let me know.

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

Sincerely,

[Your Name]

[Your Membership ID or Account Number, if applicable]