

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

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

Subject: MHS Genesis Insurance Verification Request

Dear [Recipient Name],

I hope this letter finds you well. I am writing to request verification of my insurance coverage under the MHS Genesis program. My details are as follows:

****Full Name:**** [Your Full Name]

****Date of Birth:**** [Your Date of Birth]

****Policy Number:**** [Your Policy Number]

****Social Security Number (last four digits):**** [Last Four Digits]

I kindly request confirmation of my coverage, including details about the benefits, co-payments, and any limitations associated with my policy. This information is essential for my upcoming medical appointments and procedures.

Please let me know if you require any additional information to process this request. I appreciate your prompt attention to this matter.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]