

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

[Insurance Provider's Name]
[Insurance Provider's Address]
[City, State, Zip Code]

Subject: Request for Coverage of Urgent Care Services

Dear [Insurance Provider's Name or Claims Department],
I am writing to request coverage for urgent care services that I received on [date of service] at [name of urgent care facility]. The visit was necessary due to [brief description of the medical issue or reason for the visit].

My insurance policy number is [your policy number], and my member ID is [your member ID]. According to [relevant policy clause or benefits], I believe these services should be covered.

Attached to this letter are the following documents:

1. A copy of the invoice for the urgent care services.
2. A copy of my insurance card.
3. Any relevant medical records or notes from the urgent care provider.

I appreciate your prompt attention to this matter and look forward to your reply. Please feel free to contact me at [your phone number] or [your email address] if you require any further information.

Thank you for your assistance.

Sincerely,

[Your Name]
[Your Signature (if sending a hard copy)]
[Your Relationship to the Insured (if applicable)]