

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

[Insurance Company Name]
[Department/Office]
[Insurance Company Address]
[City, State, Zip Code]

Subject: Request for Verification of Insurance Coverage

Dear [Insurance Representative's Name/Customer Service],

I hope this message finds you well. I am writing to request verification of my insurance coverage under UnitedHealthcare.

Policyholder Name: [Your Name]

Policy Number: [Your Policy Number]

Date of Birth: [Your Date of Birth]

Contact Number: [Your Contact Number]

I would appreciate it if you could confirm the details of my coverage, including:

1. Effective dates of coverage
2. Types of services covered
3. Network providers

Please let me know if you require any additional information to process my request. I look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]