

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

[Insurance Company Name]
[Customer Service Department]
[Insurance Company Address]
[City, State, Zip Code]

Subject: Inquiry Regarding Prescription Coverage

Dear UHC Customer Service,

I hope this message finds you well. My name is [Your Name], and I am writing to inquire about my prescription medication coverage under my UHC insurance plan, policy number [Your Policy Number].

I would like to obtain detailed information regarding the following:

1. Coverage for [specific medication name or class of medications].
2. Any prior authorization requirements.
3. Copayment or coinsurance details.
4. The process for appealing a coverage decision if applicable.

Thank you for your assistance with this matter. I look forward to your prompt reply so I can ensure my medications are covered appropriately.

Sincerely,

[Your Name]