

Confirmation Letter for Health Insurance Coverage

Subject: Health Insurance Coverage Confirmation

Dear [Recipient Name],

We hereby confirm that [Policyholder Name] is enrolled in the [Health Insurance Plan Name] with policy number [Policy Number]. Coverage is effective from [Start Date] and includes [Details of Coverage].

Kindly retain this document for your records. Should you require any clarifications, please contact us at [Contact Information].

Sincerely,

[Your Name]

[Title]

[Insurance Company Name]

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