Healthcare Provider Network Residence Letter

Subject: Patient Residence Verification for Insurance Network

Dear Insurance Provider,

This correspondence certifies the residence of [Patient Name] at [Address] for health insurance network eligibility verification. The patient has maintained continuous residence within [Service Area/County] since [Date], qualifying them for in-network coverage benefits.

As their [Healthcare Provider/Title], I can confirm their address information aligns with our patient records and service area requirements. This residence verification supports their continued eligibility for network benefits and local healthcare services.

The certification is provided to ensure uninterrupted healthcare coverage and compliance with network geographic requirements. Please update your records accordingly and contact our office for any additional verification needs.

Professionally submitted,

[Provider Name and Title]

[Medical Practice/Facility]

[Professional Contact Information]

[Date]