

Medical confirmation for insurance claim

Subject: Pregnancy Confirmation for Insurance

Dear [Insurance Company Name],

This is to certify that [Patient Name], holder of policy number [Policy Number], has been examined at [Clinic/Hospital Name]. Based on the medical evaluation on [Date], she is confirmed to be pregnant.

This confirmation is provided for insurance and claim processing purposes. Kindly contact us if additional documentation is required.

Sincerely,

[Doctor Name]

[Designation]

[Clinic/Hospital Name]

[Contact Information]

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