

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Action Required: Primary Insurance Verification for [Patient Name]

Dear [Patient Name],

We are writing to inform you that we have encountered an issue while verifying your primary health insurance coverage for your upcoming services at [Facility/Clinic Name].

At this time, we have been unable to confirm your active coverage with [Insurance Company Name]. To ensure that your claims are processed correctly and to avoid unexpected out-of-pocket expenses, we require your immediate assistance.

Please take the following actions within [Number] business days:

- Contact your insurance provider to confirm that your policy is active.
- Verify that [Facility/Clinic Name] is an authorized provider under your plan.
- Call our Billing Department at [Phone Number] with your updated insurance information.

If we do not receive updated insurance information by [Date], your scheduled appointment may need to be rescheduled, or you may be requested to pay for services in full at the time of your visit.

If you have already updated your information or have recently changed insurance providers, please disregard this letter and contact us to ensure our records are current.

Thank you for your prompt attention to this matter.

Sincerely,

[Sender Name/Department]

[Facility/Clinic Name]

[Phone Number]