[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Subject: Insurance Verification and Follow-Up for [Patient Name]

Dear [Patient Name],

Thank you for choosing [Provider/Clinic Name] for your healthcare needs. We are writing to follow up on your recent intake request and provide an update regarding your insurance verification.

Insurance Status:

We have completed the preliminary verification of your insurance coverage with [Insurance Company Name]. Based on the information provided:

- **Status:** [Active / Pending / Information Needed]
- **Co-pay/Deductible:** [Details of patient responsibility]
- **Authorization:** [Required / Not Required / Obtained]

Action Required:

To finalize your intake process and schedule your upcoming appointment, please complete the following steps:

- [Item 1: e.g., Provide a copy of the front and back of your insurance card]
- [Item 2: e.g., Complete the online medical history form]
- [Item 3: e.g., Sign the HIPAA privacy disclosure]

Please provide the missing information by [Date] to ensure there are no delays in your care. You may submit these documents via [Patient Portal/Email/Fax].

If you have any questions regarding your coverage or the intake process, please contact our billing and intake department at [Phone Number] or [Email Address].

We look forward to seeing you soon.

Sincerely,

[Your Name/Department Name]
[Provider/Clinic Name]
[Phone Number]