[Your Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Medical Provider or Clinic Name]
[Medical Records Department Address]
[City, State, Zip Code]

RE: Request to Correct Insurance Information for [Patient Name]
Date of Birth: [MM/DD/YYYY]
Patient Account Number: [Account Number, if known]

To the Medical Records Department,

I am writing to formally request a correction to the insurance information currently on file in my clinical records. The information currently recorded is inaccurate or outdated.

Please update my records to reflect the following correct insurance coverage:

Incorrect Information Currently on File:
[Name of Old/Incorrect Insurance Company]

Correct Insurance Information:
Insurance Company Name: [Name]
Member ID / Policy Number: [Number]
Group Number: [Number]
Policyholder Name: [Name]
Effective Date: [Date]

I have attached a copy of my current insurance card (front and back) for your reference. Please ensure that this updated information is applied to my profile and used for any pending or future claims.

Please confirm in writing once these changes have been made. Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosure: Copy of Insurance Card