

## SAMPLE INSURANCE LETTER

*Date*

*Insurance Company  
Address*

Re: Predetermination of benefits for (*your name*)  
Group/Group Number:  
ID Number:

Dear (*Insurance Company Contact Name*):

I am considering fertility treatment and would like to verify the benefits available to me. Services will include a diagnostic work-up and possible treatment. Treatment options may include prescriptions for oral medication (clomiphene citrate) and/or injectable medications (gonadotropins). Additionally, intrauterine inseminations (ICD9 code V26.1) may be recommended.

Please provide a written confirmation of my benefits and/or limitations for the following services:

1. Intrauterine inseminations
2. Prescription medication
3. Laboratory tests
4. Ultrasounds

In addition, please identify and include information in my contract that outlines these items.

Sincerely,

*Your Name*

*Address  
Phone number*