**Date:**

**Subject: Medical Opinion Letter for Health Insurance Plan Selection—[Patient Full Name]**

Dear [Insurance Company Name] Underwriting Department, I hope this letter finds you well. I was requested to provide a medical opinion regarding the health status of my patient, [Patient's Name], who has shown interest in insurance coverage with your insurance company. To identify the health insurance plan for an individual, it is important to take into account the patient's medical history and current health conditions.

[Patient name] has been under my care for the past 15 years. [Patient name] was born on [patient date of birth] and is registered with [patient medical record number].

As for my patient's medical history, he/she does not have any chronic conditions, nor has he/she had any surgeries or any other hospitalization history. However, for the past 5 years, he/she has been suffering from diabetes. For diabetes, he/she is taking [list the medications that the patient is currently prescribed, including dosage and frequency].

The most recent medical assessment performed on [patient name] was on [mention the exact date]. According to this latest medical assessment, which included a physical exam as well as diagnostic tests and results [mentioning if there have been any recent changes in the patient's health status],

As for the management of diabetes, a detailed diabetes management plan has been formed in mutual discussion with [patient name]. The plan outlines the required medications, dietary plan, and ongoing monitoring.

Based on the information provided, [Patient's Full Name] is a 65-year-old individual with a history of diabetes. Considering the medical factors, I recommend an insurance plan that offers complete coverage for chronic conditions, including coverage for medications, routine check-ups, and possible hospitalizations [which seems rare at the moment].

I would also suggest that the selected insurance plan provide enough coverage for preventive care, diagnostic tests, and specialist consultations, considering the ongoing management of [patient name]’s diabetes.

I trust that your department will use this medical opinion to guide [patient's name] in choosing an insurance plan that works for his/her health needs and provides the necessary coverage for his/her current and future medical conditions.

If you require any additional information or clarification, please do not hesitate to contact me at [mention contact information].

Sincerely,

[Your Full Name]  
[Your Title/Position]  
[Your Medical License Number]  
[Your Contact Information]