

# Medical Second Opinion Inquiry

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

[Date]

[Insurance Company Name]  
[Insurance Company Address]  
[City, State, Zip Code]

Dear [Insurance Company Name],

I am writing to request approval for a medical second opinion regarding my recent diagnosis of [specific diagnosis] by [treating physician's name]. After careful consideration, I believe that obtaining a second opinion from a specialist is essential for making informed decisions about my healthcare.

My insurance policy number is [policy number]. I would like to schedule a consultation with [specialist's name or clinic] who specializes in [specialty related to diagnosis] for a thorough examination and assessment.

Enclosed are copies of my medical records, the initial diagnosis, and the treatment plan provided by my physician. Please let me know if you require any additional information or documentation to facilitate this request.

Thank you for your attention to this matter. I look forward to your prompt response so I can proceed with the necessary steps for my healthcare.

Sincerely,

[Your Name]