

Chiropractic Treatment Authorization Request

Date: [Insert Date]

To: [Insurance Company Name]

Attn: [Claims Department/Specific Contact Name]

Address: [Insurance Company Address]

City, State, Zip: [City, State, Zip]

Re: Chiropractic Treatment Authorization Request for [Patient's Name]

Policy Number: [Insert Policy Number]

Claim Number: [Insert Claim Number, if applicable]

Dear [Insurance Company/Contact's Name],

I am writing to request authorization for chiropractic treatment for my patient, [Patient's Name], who has been under my care since [Date]. The patient is experiencing [briefly describe the condition and symptoms].

The recommended treatment plan includes [list treatments, e.g., spinal adjustments, therapeutic exercises], which aims to alleviate the patient's symptoms and improve their overall health.

Enclosed are the patient's medical records, treatment plan, and any relevant diagnostic tests that support the necessity of the requested services. I believe that these treatments are essential for [Patient's Name]'s recovery and quality of life.

Please process this authorization request at your earliest convenience. Should you have any questions or require further information, feel free to contact my office at [Your Phone Number] or [Your Email].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Chiropractic Practice Name]

[Your Address]

[City, State, Zip]

[Your Phone Number]

[Your Email]