

Insurance Coverage Request for Hormone Replacement Therapy

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

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

Dear Claims Department,

I am writing to formally request insurance coverage for hormone replacement therapy (HRT) as part of my medical treatment. After consulting with my healthcare provider, it has been determined that HRT is essential for managing my [specific condition or symptoms], which greatly impact my quality of life.

My physician, Dr. [Physician's Name], has recommended that I undergo this treatment as it is medically necessary for my health and wellbeing. Enclosed, please find supporting documentation, including my medical records and a letter from Dr. [Physician's Name] outlining the details and rationale for this therapy.

I kindly ask that you review my case and approve coverage for my hormone replacement therapy. If you require any additional information or documentation, please do not hesitate to contact me or my healthcare provider.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,
[Your Signature (if sending a hard copy)]
[Your Printed Name]