

# Occupational Therapy Insurance Authorization Request

**Date:** [Insert Date]

**Recipient Name:** [Insurance Company Name]

**Address:** [Insurance Company Address]

**Phone:** [Insurance Company Phone Number]

## Patient Information

**Patient Name:** [Patient's Full Name]

**Date of Birth:** [Patient's Date of Birth]

**Policy Number:** [Patient's Policy Number]

## Provider Information

**Provider Name:** [Occupational Therapist's Name]

**Facility Name:** [Facility Name]

**Address:** [Facility Address]

**Phone:** [Provider Phone Number]

## Request for Authorization

We are writing to request authorization for occupational therapy services for the above-named patient. The patient has been diagnosed with [Diagnosis/Condition] and requires [number] sessions of therapy to achieve [specific treatment goals or functional objectives].

Please find attached the clinical documentation supporting the need for these services. We anticipate that the therapy will improve the patient's functional abilities in daily living.

Thank you for your prompt attention to this matter. Please feel free to contact us at [Your Phone Number] or [Your Email Address] if you require any further information.

Sincerely,

[Your Name]

[Your Title]

[Facility Name]