

Follow-Up on Pre-Authorization Request

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Dear [Insurance Company Contact Name],

I am writing to follow up on the pre-authorization request submitted on [Insert Submission Date] for [Insert Patient's Name] regarding [Insert Procedure or Treatment]. The reference number for this request is [Insert Reference Number].

As of today, we have not received a response regarding the status of this authorization. It is crucial for us to have this information to proceed with the necessary treatment.

Please provide an update at your earliest convenience. You can reach me at [Your Phone Number] or [Your Email Address]. Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Organization]

[Your Organization's Address]