

Health Insurance Pre-Authorization 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 Representative],

I am writing to inquire about the pre-authorization process for a medical procedure that I require. My policy number is [Policy Number] and I am a member of [Group Number, if applicable].

The procedure in question is [Procedure Name] scheduled for [Date of Procedure]. I would like to confirm whether this procedure is covered under my current policy and if any pre-authorization is required before proceeding.

Please provide me with any necessary forms or information required to complete this request. I appreciate your prompt attention to this matter as it is crucial for my upcoming treatment.

Thank you for your assistance.

Sincerely,

[Your Name]