

Pre-Authorization Request Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]

To: [Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative],

I am writing to request pre-authorization for the following medical procedure:

Procedure: [Insert Procedure Name]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Date of Service: [Insert Date of Service]

This request is based on the recommendation of my healthcare provider, Dr. [Insert Doctor's Name], who believes that this procedure is medically necessary for my treatment.

I have attached supporting documents, including the doctor's notes and any additional information required for your review.

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

Sincerely,

[Your Name]