

Healthcare Treatment Authorization Request

Date: [Insert Date]

To: [Insurance Provider Name]

Address: [Insurance Provider Address]

Re: Urgent Care Treatment Authorization Request for [Patient Name]

Dear [Insurance Provider Representative's Name],

I am writing to formally request authorization for urgent care treatment for my patient, [Patient Name], who has recently experienced [briefly describe the medical issue or emergency]. Due to the nature of the condition, immediate medical attention is necessary to ensure the best possible outcome.

Patient Details:

- **Name:** [Patient Name]
- **Date of Birth:** [Patient DOB]
- **Policy Number:** [Patient Policy Number]

Treatment Requested:

[Describe the specific urgent care services requested and any relevant medical codes if applicable.]

This treatment is essential for [justification for the urgent care request, including potential risks of delay]. I kindly request a prompt review of this authorization, as any delay could adversely affect the patient's health.

Thank you for your attention to this urgent matter. Should you require any further information or documentation, please do not hesitate to contact me at [Your Contact Information].

Sincerely,

[Your Name]

[Your Title/Position]

[Your Organization]

[Your Contact Information]