

Prior Authorization Request for Durable Medical Equipment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Contact/Department],

I am writing to request prior authorization for durable medical equipment (DME) needed for my patient, [Patient's Name], who has been diagnosed with [Patient's Diagnosis].

The specific DME requested is [Name and Description of Equipment], which is medically necessary for the following reasons:

- [Reason 1]
- [Reason 2]
- [Reason 3]

Enclosed are the supporting documents, including the following:

- Patient's medical history
- Physician's Letter of Medical Necessity
- Any relevant test results

Please review this request at your earliest convenience. If you require any additional information, do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Practice/Institution Name]

[Your NPI Number (if applicable)]