

# Urgent Prior Authorization Request for Emergency Treatment

**Date:** [Insert Date]

**To:** [Insurance Company Name]

**Address:** [Insurance Company Address]

**Phone:** [Insurance Company Phone Number]

Dear [Claims Department/Recipient Name],

I am writing to formally request urgent prior authorization for emergency treatment provided to my patient, [Patient's Name], [Patient's Date of Birth], [Patient's Policy Number]. This treatment was necessary due to a critical medical condition that required immediate intervention.

**Date of Service:** [Insert Date of Emergency Treatment]

**Facility Name:** [Insert Facility Name]

**Provider Name:** [Insert Provider Name]

**Details of Treatment:** [Briefly describe the emergency treatment provided]

The urgency of the situation did not allow for prior authorization; however, I believe this treatment is essential for [Patient's Name] to ensure their health and well-being. I have attached all relevant medical documentation to support this request.

Thank you for your prompt attention to this urgent matter. Please do not hesitate to contact me at [Your Phone Number] or [Your Email] should you require any further information.

Sincerely,

[Your Name]

[Your Title]

[Your Practice/Institution Name]

[Your Contact Information]