

# Prior Authorization Request for Emergency Services

**Date:** [Insert Date]

**To:** [Insurance Provider's Name]

**Attention:** Prior Authorization Department

**From:** [Your Name]

**Address:** [Your Address]

**Phone:** [Your Phone Number]

**Email:** [Your Email Address]

Dear Prior Authorization Department,

I am writing to formally request prior authorization for emergency services rendered on [Date of Service]. Due to the urgent nature of the situation, these services were crucial for [Patient's Name], who was experiencing [briefly describe the medical emergency].

## Details of the Emergency:

- **Date of Service:** [Insert Date]
- **Facility Name:** [Name of the Emergency Facility]
- **Provider Name:** [Name of the Treating Physician]
- **Diagnosis:** [Diagnosis details]
- **Services Provided:** [List services, e.g., imaging, procedures]

Given the circumstances that required immediate attention, I kindly request that you review this case and grant the prior authorization for coverage of these emergency services. Attached are all relevant medical records and documentation supporting this request.

Thank you for your prompt attention to this matter. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you require any further information.

Sincerely,

[Your Name]

[Your Title/Relationship to Patient]

[Patient's Insurance Number]