

Prior Authorization Request for Mental Health Services

Date: [Insert Date]

[Provider's Name]

[Provider's Address]

[City, State, Zip Code]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Insurance Company: [Insurance Company Name]

Member ID: [Patient's Member ID]

Group Number: [Group Number]

Dear [Insurance Company/Representative's Name],

I am writing to request prior authorization for mental health services for my patient, [Patient's Name], who has been diagnosed with [Diagnosis]. Due to the severity of [his/her/their] condition, immediate treatment is necessary to ensure [his/her/their] well-being and to prevent further deterioration.

Details of the requested services are as follows:

- Type of Service: [Type of Mental Health Service]
- Proposed Date of Service: [Date]
- Duration of Treatment: [Duration]

The medical necessity for these services is based on [brief explanation of symptoms, treatment history, and need for the requested services]. I have attached clinical documentation that supports the need for these services.

Please let me know if you require any further information or documentation to expedite this request. I appreciate your prompt attention to this matter.

Sincerely,

[Provider's Name]

[Provider's Title]

[Provider's Phone Number]

[Provider's Email Address]