

Prior Authorization Request for Specialized Treatment

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

City, State, Zip: [City, State, Zip]

Subject: Prior Authorization Request for [Patient's Name]

Dear [Insurance Representative's Name],

I am writing to request prior authorization for specialized treatment for my patient, [Patient's Full Name], [Patient's Date of Birth], whose policy number is [Policy Number].

Due to [Patient's condition or diagnosis], it is imperative that [he/she/they] receive [specific treatment/service] provided by [Provider/Facility Name]. This treatment is essential for [briefly explain the necessity of the treatment, any past treatments, and the expected outcomes].

Enclosed are the following documents to support this request:

- Patient's medical history
- Physician's recommendation
- Relevant test results
- Other pertinent documentation

Given the urgency of [Patient's Name]'s condition, I kindly request that this authorization be expedited. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you require any additional information.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Practice/Facility Name]

[Your Practice Address]

[City, State, Zip]

[Your Phone Number]

[Your Email Address]