

Sports Injury Rehabilitation Program Insurance Authorization

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Dear [Insurance Representative's Name],

I am writing to request authorization for coverage of my rehabilitation program following a sports injury. My name is [Your Name], and my policy number is [Your Policy Number]. I was referred to [Physical Therapist/Facility Name] for treatment due to [brief description of the injury].

The details of the recommended sports injury rehabilitation program are as follows:

- **Program Start Date:** [Start Date]
- **Estimated Duration:** [Duration]
- **Number of Sessions:** [Number of Sessions]
- **Treatment Type:** [Treatment Description]

Please find attached the necessary documentation including the referral letter, treatment plan, and any medical records pertinent to the case. I kindly ask for your prompt consideration and approval of this authorization so that I may begin my rehabilitation as soon as possible.

Thank you for your attention to this matter. I look forward to your swift response.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip]

[Your Phone Number]

[Your Email Address]