

# Medical Insurance Approval Request for Surgery

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Representative's Name],

I am writing to formally request approval for surgery that has been recommended by my physician, Dr. [Physician's Name]. The procedure, [Name of Surgery], is necessary for my medical condition, [Brief Description of Medical Condition].

Attached to this letter, you will find the following documents:

- Physician's letter of recommendation
- Medical history and diagnosis details
- Any relevant test results

I appreciate your timely attention to this matter and look forward to your prompt response. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you require any further information.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Insurance Policy Number]