

# Service Request for Health Insurance Network Doctor

Date: [Insert Date]

To: [Insurance Provider Name]

From: [Your Name]

[Your Address]

[City, State, Zip Code]

[Phone Number]

Email: [Your Email]

Subject: Request for Service Authorization

Dear [Contact Person/Department],

I am writing to request authorization for the following medical services provided by a network doctor:

**Doctor's Name:** [Doctor's Name]

**Specialty:** [Doctor's Specialty]

**Service Requested:** [Details of the Service]

**Date of Service:** [Projected Date]

This request is in accordance with my health plan coverage and the outlined process for obtaining services from network providers.

Attached to this letter, you will find all relevant documents, including my policy information and any necessary medical records.

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]