

Medical Coverage Approval Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to request an urgent approval for medical coverage regarding [specific treatment/procedure]. My doctor, [Doctor's Name], has recommended this treatment due to [brief explanation of medical condition].

Details of the treatment are as follows:

- **Diagnosis:** [Diagnosis]
- **Treatment/Procedure Requested:** [Treatment/Procedure]
- **Provider Name:** [Provider Name]
- **Date of Service:** [Expected Date]

This treatment is essential for [brief statement on importance and urgency]. I have attached relevant medical documents and a letter from my physician to support this request.

Please let me know if you require any additional information. I appreciate your prompt attention to this urgent matter.

Thank you for your consideration.

Sincerely,

[Your Name]