

# Request for Pre-Authorization of Hospital Services

**Date:** [Insert Date]

**To:** [Insurance Provider Name]

**Address:** [Insurance Provider Address]

Dear [Insurance Provider Contact Name],

I hope this message finds you well. I am writing to formally request pre-authorization for the following hospital services to be performed on [Patient's Name], who is a member of your plan with the policy number [Policy Number].

## **Details of the Procedure:**

- **Service Type:** [Type of Service/Procedure]
- **Date of Service:** [Scheduled Date]
- **Facility Name:** [Hospital/Facility Name]
- **Diagnosis:** [Diagnosis Code or Description]

This procedure is necessary due to [Brief Description of Medical Necessity]. Attached, please find the medical documentation and any supporting information required to process this request.

Thank you for your attention to this matter. Please let us know if you require any further information or clarification. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Contact Information]

[Your Organization Name]