

Letter of Clarification for Pre-Authorization of Vision Benefits

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Subject: Clarification of Pre-Authorization Request for Vision Benefits

Dear [Insurance Company's Contact Name],

I am writing to request clarification regarding the pre-authorization of my vision benefits for the upcoming appointment scheduled on [date of appointment], with [Provider's Name]. My member ID is [your member ID].

It has come to my attention that my recent request for pre-authorization has not yet been addressed, and I would like to ensure that all necessary documentation has been provided. The services I am seeking pre-authorization for include [list specific services, e.g., comprehensive eye exam, lenses, frames].

For your reference, I have included copies of the [relevant documents, e.g., referral, previous evaluations] that may assist in expediting this process.

Could you please provide an update regarding the status of my pre-authorization? Your assistance in this matter is greatly appreciated, as it will help ensure that I can receive the necessary care without delay.

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

Sincerely,

[Your Name]