

Inquiry for Pre-Authorization of Health Coverage

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]

To Whom It May Concern,

I am writing to inquire about the pre-authorization process for my health coverage under policy number [Insert Policy Number]. I am scheduled for [type of service or procedure] on [date], and I would like to confirm whether pre-authorization is required and, if so, the necessary steps to obtain it.

Please let me know what documentation you require and the expected timeframe for processing the request. Your assistance is greatly appreciated as it will help me ensure that I am fully covered for the upcoming service.

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

Sincerely,

[Your Name]