

Durable Medical Equipment Pre-Approval Request

Date: [Insert Date]

To: [Insert Recipient's Name]

Title: [Insert Recipient's Title]

Company: [Insert Company Name]

Address: [Insert Company Address]

City, State, Zip: [Insert City, State, Zip]

Dear [Recipient's Name],

I am writing to request pre-approval for durable medical equipment (DME) for my patient, [Patient's Name], who has been diagnosed with [Diagnosis]. The following items are requested for approval:

- Item 1: [Insert Description] - [Insert Quantity]
- Item 2: [Insert Description] - [Insert Quantity]
- Item 3: [Insert Description] - [Insert Quantity]

This equipment is essential for [Patient's Name]'s treatment and will aid in improving [his/her] quality of life by [briefly explain benefits]. Attached are the supporting documents including [list any attached documents, e.g., medical records, prescriptions].

Please let me know if you need any additional information or documentation to expedite this request. I appreciate your prompt attention to this matter.

Thank you for your consideration.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Phone Number]

[Your Email Address]