

Bariatric Surgery Insurance Approval Request

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Re: Request for Coverage of Bariatric Surgery

Dear [Insurance Company Representative],

I am writing to formally request coverage for bariatric surgery for my patient, [Patient's Name], [Patient's Policy Number], who has been diagnosed with obesity and related health complications. After thorough evaluation and consideration, it is clear that surgical intervention is medically necessary for the improvement of [his/her/their] health and quality of life.

[Patient's Name] has a body mass index (BMI) of [BMI Number] and has previously attempted weight loss treatments without sustained success, including [list any previous treatments or programs]. Documentation of these attempts, along with the medical necessity for surgery, is included for your review.

The proposed surgical procedure is [type of surgery, e.g., Roux-en-Y gastric bypass], which has great potential to mitigate health risks associated with obesity, such as [list associated health risks].

Please find attached the following documents to support this request:

- Medical history and evaluation
- BMI measurements
- Details of previous weight loss attempts
- Letters of medical necessity from treating physicians

We appreciate your prompt attention to this matter and look forward to your positive response which will significantly improve [Patient's Name]'s health outcomes.

Thank you for your consideration.

Sincerely,

[Your Name]

[Your Title]

[Your Medical Practice/Clinic Name]

[Your Contact Information]