

Request for Insurance Approval

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

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

Subject: Request for Approval of Mobility Aid

Dear [Insurance Company Representative's Name],

I hope this letter finds you well. I am writing to formally request approval for a mobility aid that has been prescribed by my healthcare provider, Dr. [Doctor's Name], to assist with my condition of [specific medical condition].

Due to [brief explanation of your condition and how it affects mobility], it has become increasingly difficult for me to perform daily activities safely. Dr. [Doctor's Name] has recommended the use of [specific mobility aid, e.g., walker, wheelchair] to enhance my mobility and improve my quality of life.

Attached to this letter, you will find the following documentation to support this request:

- Letter of medical necessity from Dr. [Doctor's Name]
- Copy of my treatment plan
- Documentation of previous treatments and their outcomes

I kindly request that you review this information and approve my claim for the needed mobility aid. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,
[Your Name]
[Your Policy Number]