

Pre-Authorization Request for Preventive Care Services

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

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

Dear [Insurance Company Contact/Claims Department],

I am writing to request pre-authorization for preventive care services for my patient, **[Patient's Name]**, who holds policy number **[Policy Number]**.

Service Details:

- Type of Service: [Specific Preventive Care Service]
- Date of Service: [Proposed Date]
- Provider Name: [Provider's Name]
- Provider NPI: [Provider's NPI Number]

This preventive care service is essential for maintaining [Patient's Name]'s health and aligns with the guidelines set forth by [Relevant Guidelines or Recommendations]. Please find attached the necessary documentation to support this request.

Thank you for your attention to this matter. I look forward to your prompt response. If you require any additional information, please do not hesitate to contact me at the number above.

Sincerely,

[Your Name]
[Your Title/Position]
[Your Institution/Practice Name]