

Insurance Pre-Authorization Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Phone Number]

[Your Email Address]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Subject: Pre-Authorization Request for Specialist Consultation

Dear [Insurance Company Representative's Name],

I am writing to request pre-authorization for a consultation with [Specialist's Name] at [Specialist's Practice/Facility Name] for the treatment of [Specific Medical Condition/Concern]. The consultation is essential to assess and determine the appropriate course of treatment for my condition.

Patient Information:

- Name: [Patient's Name]
- Policy Number: [Policy Number]
- DOB: [Date of Birth]
- Contact Number: [Patient's Contact Number]

The consultation is scheduled for [Date of Appointment], and the Diagnosis Code (ICD-10) is [Diagnosis Code].

Attached are the relevant medical records and referral documents for your review. I would appreciate your prompt attention to this request, as timely treatment is crucial for my health.

Thank you for your assistance in this matter. Should you require any additional information, please do not hesitate to contact me at the number provided above.

Sincerely,

[Your Name]