

Insurance Pre-Authorization Request for Therapy Sessions

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Phone Number: [Insurance Company Phone Number]

Policyholder: [Patient's Full Name]

Policy Number: [Policy Number]

Group Number: [Group Number]

Subject: Pre-Authorization Request for Therapy Sessions

Dear [Insurance Company Representative Name],

I am writing to formally request pre-authorization for therapy sessions for my patient, [Patient's Full Name], who is seeking treatment for [specific condition or diagnosis].

Details of the proposed therapy sessions are as follows:

- **Provider Name:** [Therapist's Name]
- **Provider NPI Number:** [Therapist's NPI Number]
- **Type of Therapy:** [Type of Therapy]
- **Number of Sessions Requested:** [Number of Sessions]
- **Duration of Each Session:** [Duration]
- **Session Frequency:** [Once a week, etc.]

The therapy is deemed medically necessary for [brief explanation of the necessity and treatment plan]. Enclosed are the supporting documents, including evaluation notes and treatment plans, to facilitate this request.

Please let me know if you need any further information or documentation. I appreciate your prompt attention to this matter and look forward to your favorable response.

Thank you for your cooperation.

Sincerely,

[Your Full Name]

[Your Title]

[Your Practice/Office Name]

[Your Contact Information]