

Prior Authorization Request for Hospital Admission

Date: [Insert Date]

To: [Insurance Company Name]

From: [Your Healthcare Provider's Name]

Address: [Provider's Address]

Phone: [Provider's Phone Number]

Patient Name: [Patient's Full Name]

Patient ID: [Patient's ID Number]

Address: [Patient's Address]

Request Details

This letter serves as a prior authorization request for hospital admission for the above-named patient. The patient is scheduled for admission on [Admission Date] for the following reason:

[Insert Reason for Admission]

Clinical Information

The patient's medical history includes:

- [Medical Condition 1]
- [Medical Condition 2]
- [Relevant Treatments and Medications]

The anticipated length of stay is [Number of Days] days, and the desired facility for admission is [Hospital Name].

Supporting Documentation

Attached to this letter are the following documents to support this request:

- [Document 1]
- [Document 2]

- [Document 3]

Conclusion

We kindly request your approval for this admission based on the above-mentioned clinical necessity. Please feel free to contact me directly at [Your Phone Number] if you require any additional information.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Healthcare Facility]