

Prior Authorization Request for Mental Health Services

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email Address]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Re: Request for Prior Authorization for Mental Health Services

Member ID: [Your Member ID]

Dear [Insurance Company Contact/Department Name],

I am writing to request prior authorization for mental health services for my patient, [Patient's Name], who has been diagnosed with [Diagnosis]. It is my professional opinion that [Patient's Name] requires [specific treatment/therapy type] to address their mental health needs effectively.

The proposed treatment plan includes:

- Type of Service: [e.g., Individual Therapy, Group Therapy, Psychiatric Evaluation]
- Frequency: [e.g., Once a week, Twice a month]
- Duration: [e.g., 12 weeks, Ongoing]

This treatment is essential due to [brief explanation of the patient's condition and the necessity for treatment]. I believe that without this authorization, [Patient's Name]'s health and wellbeing may be compromised.

Attached are the necessary supporting documents, including the patient's evaluation, treatment plan, and any relevant clinical notes. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you need further information.

Thank you for your attention to this matter. I appreciate your prompt consideration of this request.

Sincerely,

[Your Name], [Your Credentials]

[Your Practice Name]

[Your Practice Address]

[City, State, ZIP Code]