

[Your Name]  
[Your Address]  
[City, State, ZIP Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Insurance Company Name]  
[Company Address]  
[City, State, ZIP Code]

Dear [Insurance Company Representative's Name or "To Whom It May Concern"],

I am writing to request coverage for [specific treatment/procedure] that my patient, [Patient's Name], has undergone on [date of procedure]. The medical necessity for this procedure is supported by [briefly describe reasons or attach supporting documents].

Patient Information:

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

Attached to this letter, you will find [list any attached documents, such as medical reports, treatment plans, etc.].

I appreciate your attention to this matter and look forward to your prompt response. Should you require any further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

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