

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title]
[Health Service Provider/Organization Name]
[Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Request for Approval of Health Service

I hope this letter finds you well. I am writing to formally request approval for health services related to [specific health condition or procedure] that I believe are essential for addressing my medical needs. As per my recent consultation with [Doctor's Name or Healthcare Provider], it has been recommended that I undergo [describe the proposed health service, e.g., a specific treatment, procedure, or therapy]. This recommendation is based on [briefly explain the medical necessity or urgency, including any relevant medical history].

I have enclosed the supporting documents, including [mention any relevant documents, e.g., medical records, notes from healthcare providers, or diagnostic results], to help facilitate the approval process.

I appreciate your prompt attention to this matter and look forward to your favorable response. Please feel free to contact me at [your phone number] or [your email address] should you require any further information.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Health Insurance Policy Number, if applicable]

[Patient ID, if applicable]

Enclosures: [List any enclosed documents]