

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

[Insurance Company Name]
[Claims Department Address]
[City, State, ZIP Code]

Subject: Request for Approval of IV Treatment

Dear [Claims Manager's Name],

I hope this letter finds you well. I am writing to formally request approval for intravenous (IV) treatment prescribed by my healthcare provider, Dr. [Doctor's Name], to manage my medical condition.

Diagnosis: [Your Diagnosis]

Treatment Plan: [Brief Description of IV Treatment]

Duration: [Number of Sessions/Duration of Treatment]

After exploring various treatment options, my physician and I have determined that IV treatment is medically necessary for my health and well-being. This treatment is aimed at [Explain the purpose of the treatment and expected outcomes].

Attached to this letter, you will find:

- A letter of medical necessity from Dr. [Doctor's Name]
- My medical history documents
- Relevant test results

I kindly ask that you provide prompt approval for this treatment. Should you require further information or clarification, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter. I look forward to your timely response.

Sincerely,

[Your Name]

[Your Policy Number]