

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

Kaiser Permanente

[Provider's Address]
[City, State, Zip Code]

Subject: Request for Emergency Care Authorization

Dear Kaiser Permanente Authorization Department,

I am writing to formally request authorization for emergency care that I received on [Date of Service] at [Facility Name/Location]. My member ID is [Your Member ID].

On the mentioned date, I experienced [brief description of the emergency situation] and required immediate medical attention. The attending physician was [Doctor's Name], and the treatment provided included [brief description of treatments/services].

Attached are copies of the medical records, bills, and any relevant documentation concerning my emergency care.

I kindly ask for your prompt attention to this matter and the authorization of my emergency services. Thank you for your assistance.

Sincerely,

[Your Name]
[Your Member ID]