

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

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Subject: Request for Authorization for Knee Replacement Surgery

Dear [Insurance Company Representative's Name],

I am writing to formally request authorization for knee replacement surgery for my [left/right/both] knee(s) due to [briefly describe the medical condition, e.g., osteoarthritis, injury] that has been affecting my mobility and quality of life.

Patient Information:

- Name: [Patient's Full Name]
- Date of Birth: [Patient's Date of Birth]
- Insurance ID: [Patient's Insurance ID]

I have been under the care of [Doctor's Name] at [Medical Facility/Clinic Name], who has recommended this procedure. Attached are the relevant medical records and notes from my physician supporting the need for surgery.

The details of the recommended surgery are as follows:

- Procedure: Total Knee Replacement
- Recommended Date: [Proposed Date of Surgery]
- Physician: [Doctor's Full Name]
- Specialty: [Doctor's Specialty]

I kindly request that you process this authorization promptly to allow for timely scheduling of the procedure. Should you require any additional information or documentation, please do not hesitate to contact me or my physician's office at [Physician's Contact Information].

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

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]