

[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 Knee Replacement Surgery

Dear [Insurance Company Representative's Name or "Claims Department"],
I am writing to formally request pre-authorization for a total knee replacement surgery that my physician, Dr. [Physician's Name], has recommended. This procedure is essential for improving my quality of life and alleviating persistent pain due to [specific condition, e.g., osteoarthritis].

My medical history includes [briefly state relevant medical conditions and treatments]. Despite following conservative treatment options, including [list treatments, e.g., physical therapy, medication, etc.], I continue to experience significant pain and decreased mobility.

Dr. [Physician's Name] has provided detailed documentation, including a diagnosis report, treatment history, and the medical necessity for the procedure. Attached to this letter, please find copies of these documents along with any relevant imaging results.

I kindly request that my claim for this medically necessary procedure be reviewed and approved as soon as possible. Your prompt attention to this matter would be greatly appreciated, as it will allow me to schedule the surgery and begin my recovery process.

Thank you for your consideration. I look forward to your swift response.
Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Policy Number]
[Claim Number (if applicable)]