

[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 of Knee Replacement Surgery

Dear [Insurance Representative's Name or "Claims Department"],  
I am writing to formally request authorization for a knee replacement surgery that has been recommended by my orthopedic surgeon, Dr. [Surgeon's Name], due to [brief description of medical condition, e.g., severe osteoarthritis].

After several consultations and conservative treatment options, including [list any treatments tried, e.g., physical therapy, medication], it has been determined that knee replacement is necessary to relieve my pain and restore my mobility. Enclosed are the relevant medical records and documentation supporting this recommendation.

I kindly ask that you review my case and grant the necessary authorization at your earliest convenience. Please let me know if you require any additional information to facilitate this process.

Thank you for your attention to this matter.

Sincerely,

[Your Name]  
[Policy Number]  
[Group Number] (if applicable)  
Enclosures: [List of attached documents]