

[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 Physical Therapy Services

Policy Number: [Your Policy Number]

Claim Number: [Your Claim Number]

Dear [Insurance Company Representative's Name],

I am writing to formally request approval for physical therapy services that have been recommended by my healthcare provider due to [briefly describe your condition or injury].

As per my doctor's recommendation, I am advised to undergo [number] sessions of physical therapy at [Name of Physical Therapy Clinic]. The goal of these sessions is to [briefly describe the goal, e.g., improve mobility, alleviate pain, etc.].

Attached are the following documents for your review:

1. A letter from my healthcare provider outlining the necessity of the treatment.
2. Copies of my medical records relevant to my condition.
3. A proposed treatment plan from [Name of Physical Therapist/Clinic].

I kindly request that you process this request at your earliest convenience, as timely access to physical therapy is crucial for my recovery. If there are any forms or additional information required, please let me know.

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]