

[Your Organization's Letterhead]

[Date]

[Recipient's Name]

[Recipient's Title]

[Recipient's Organization]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Benefits Authorization for [Patient's Name or Account Number]

We are writing to formally request authorization for benefits regarding [specific treatment, service, or procedure] for [Patient's Name], a member under policy number [Policy Number].

Details of the request are as follows:

- \*\*Patient Name:\*\* [Patient's Full Name]
- \*\*Date of Birth:\*\* [Patient's DOB]
- \*\*Diagnosis:\*\* [Diagnosis/Condition]
- \*\*Requested Service/Procedure:\*\* [Details of Service/Procedure]
- \*\*Physician:\*\* [Referring Physician's Name]
- \*\*Date of Service:\*\* [Proposed Date of Service]

Please find attached [any relevant supporting documents, such as medical records, treatment plans, etc.].

We kindly ask for your prompt attention to this matter, as timely authorization will ensure that the necessary treatment is not delayed.

Please feel free to contact us at [Your Phone Number] or [Your Email Address] should you require any additional information.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Phone Number]

[Your Email Address]

[Organization's Address]

[City, State, Zip Code]