

[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 Coverage Approval for Rhinoplasty Surgery

Dear [Insurance Company Representative's Name],
I am writing to formally request coverage approval for rhinoplasty surgery for my patient, [Patient's Name], whose policy number is [Policy Number]. The purpose of this surgery is to correct [describe medical reasons, such as a deviated septum, trauma, congenital deformities, etc.], which has resulted in [describe symptoms, such as breathing difficulties, pain, etc.].

Attached, please find the following documents to support this request:

1. Detailed medical history of the patient
2. Relevant diagnostic tests and imaging reports
3. Referral from [Doctor's Name, Title]
4. Letter of medical necessity outlining why this procedure is essential for the patient's health

We believe that rhinoplasty is not merely cosmetic for [Patient's Name], but a vital medical need that will significantly enhance their quality of life.

I kindly request a prompt review of this application and approval of coverage. If you require any further information, please do not hesitate to contact me directly at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Title]
[Your Medical Practice Name]
[Practice Address]
[City, State, Zip Code]
[Practice Phone Number]
[Practice Email Address]
[Attachments: Medical Records, Referrals, etc.]