

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]

[Recipient Name]
[Insurance Company Name]
[Company Address]
[City, State, ZIP Code]

Dear [Recipient Name],

Subject: Prescription Approval Request for [Medication Name]

I am writing to formally request approval for the coverage of [Medication Name] prescribed by my physician, Dr. [Doctor's Name], for [specific condition or purpose].

Details of the prescription:

- Patient Name: [Your Name]
- Date of Birth: [Your Date of Birth]
- Insurance Policy Number: [Your Insurance Policy Number]
- Physician: Dr. [Doctor's Name]
- Medication: [Medication Name]
- Dosage: [Dosage Information]

[Optional: Brief explanation of medical condition and necessity of medication, including any prior treatments or medications that were tried and found ineffective.]

Attached to this letter are the relevant medical documentation and the prescription provided by Dr. [Doctor's Name]. I kindly request that you review this information and approve the prescription at your earliest convenience.

Thank you for your attention to this matter. Please feel free to contact me or Dr. [Doctor's Name] at [Doctor's Phone Number] for any further information or clarification.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]