

[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 Insurance Coverage for Prescription Medication

Dear [Insurance Company Representative's Name],
I hope this letter finds you well. I am writing to formally request insurance coverage for the prescription medication [Medication Name] prescribed to me by my healthcare provider, Dr. [Doctor's Name].

Patient Information:

- Name: [Your Name]
- Policy Number: [Your Policy Number]
- Date of Birth: [Your Date of Birth]

Prescription Details:

- Medication Name: [Medication Name]
- Dosage: [Dosage]
- Prescribing Physician: Dr. [Doctor's Name]
- Diagnosis: [Diagnosis related to the medication]

I understand that this medication is essential for my treatment and management of [specific health condition]. Attached, please find the prescription, medical documentation, and any other necessary documentation for your review.

I kindly request you to expedite the approval process for this medication, as it plays a critical role in my health and well-being. 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]