

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Insurance Company Name]
[Address]
[City, State, Zip Code]

Subject: Medication Authorization Request for [Patient's Name]

Dear [Insurance Representative's Name],

I hope this letter finds you well. I am writing to request prior authorization for the medication [Medication Name], prescribed by [Prescribing Doctor's Name], for [Patient's Name], [Patient's Date of Birth].

[Patient's Name] has been diagnosed with [Condition], and after careful consideration, the prescribing doctor has determined that [Medication Name] is necessary for [reason for medication and any relevant history]. We have explored other treatment options, but [briefly explain reasoning]. Therefore, we believe that [Medication Name] is the most appropriate course of action.

Attached are the necessary documents including [list any supporting documents such as medical records, previous treatments, and notes from the prescribing doctor].

We kindly request that you expedite this authorization request, as timely access to medication is crucial for [Patient's Name]'s health.

Thank you for your attention to this matter. We look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Title or Relationship to Patient]
[Medical Practice/Organization Name, if applicable]