

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

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

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

Dear [Insurance Company Representative's Name],

I am writing to formally request prior authorization for the prescription of [Medication Name] for my patient, [Patient's Full Name], who is under my care. The patient's insurance ID number is [Insurance ID Number], and their date of birth is [Patient's Date of Birth].

[Provide a brief summary of the patient's medical history and the reason for the medication request, including any relevant clinical information or treatment history that supports this request.]

I believe that [Medication Name] is medically necessary for [Patient's Full Name] due to [specific reasons related to the patient's condition].

[Mention any previous medications tried and why they were ineffective, if applicable.]

Attached to this letter are the necessary medical records and documentation to support this request, including [list any attached documents, such as lab results, previous prescriptions, or clinical notes].

Please review this request at your earliest convenience. Should you have any questions or require further information, do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Title/Position]
[Your Practice/Organization Name]
[Your NPI Number (if applicable)]