

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

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

Subject: Urgent Request for Prescription Authorization

Dear [Insurance Company Contact/Pharmacy Manager],

I hope this letter finds you well. I am writing to urgently request authorization for a prescription that requires immediate attention.

****Patient Information:****

- Full Name: [Patient's Name]
- Date of Birth: [Patient's DOB]
- Insurance ID: [Patient's Insurance ID]

****Medication Information:****

- Medication Name: [Medication Name]
- Dosage: [Dosage]
- Quantity: [Quantity]
- Prescribing Physician: [Physician's Name]
- Physician's Contact Information: [Physician's Phone Number]

Due to the patient's current medical condition, as detailed in the attached documentation, it is crucial that this prescription is authorized as soon as possible. Any delay in obtaining this medication could significantly impact the patient's health.

Please let me know if any additional information is needed or if there are forms I need to complete to expedite this process. You can reach me at [Your Phone Number] or [Your Email Address].

Thank you for your prompt attention to this urgent matter.

Sincerely,

[Your Name]
[Your Title/Position, if applicable]
[Your Organization, if applicable]