

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

[Insurance Company Name]
[Claims Department/TPA Department]
[Insurance Company Address]
[City, State, Zip Code]

Subject: Request for Pre-Approval for [Procedure/Service Name]

Dear [TPA Contact Name or "Claims Manager"],

I am writing to request pre-approval for [specific procedure/service] that has been recommended by my physician, Dr. [Doctor's Name], for my condition [briefly describe your medical condition].

Patient Information:

- Patient Name: [Your Full Name]
- Policy Number: [Your Policy Number]
- Date of Birth: [Your DOB]

Procedure Details:

- Procedure/Service: [Name of Procedure/Service]
- Date of Planned Procedure: [Planned Date]
- CPT Code: [CPT Code, if applicable]

Reason for Request:

[Provide a brief explanation of the medical necessity for the procedure and any relevant medical history.]

Attached Documents:

- Physician's referral letter
- Medical records supporting the request
- Any other relevant documentation

I appreciate your attention to this matter and kindly request that you expedite the review process. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you need any further information or documentation.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]