

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

[TPA Name]
[TPA Address]
[City, State, Zip Code]

Dear [TPA Contact Name],

Subject: Request for Approval of [Specify Treatment/Procedure]

I hope this message finds you well. I am writing to formally request approval for [specific treatment/procedure] for [patient's name], who is a member of [insurance plan name].

Patient Information:

- Name: [Patient's Name]
- Policy Number: [Policy Number]
- DOB: [Date of Birth]

Treatment Details:

- Proposed Treatment/Procedure: [Specify]
- Recommended by: [Physician's Name]
- Date of Service: [Proposed Date]
- ICD-10 Codes: [List relevant codes]

The medical necessity for this treatment has been documented in the accompanying medical reports, which I have included with this letter.

[Briefly explain the reason for the dispute and any supporting evidence, if applicable.]

I kindly ask for your prompt review of this request. Should you require any further information or documentation, please 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 Professional Title]
[Your Organization]