

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

Subject: Request for Authorization for Medical Procedure

Dear [TPA Contact Name or "To Whom It May Concern"],

I am writing to formally request authorization for a medical procedure that has been recommended by my physician, Dr. [Physician's Name], in order to [briefly explain the purpose of the procedure].

Patient Information:

- Name: [Your Name]
- Policy Number: [Your Policy Number]
- Date of Birth: [Your Date of Birth]

Procedure Information:

- Procedure Name: [Name of the Procedure]
- Procedure Code: [CPT/ICD Code]
- Scheduled Date: [Scheduled Date of Procedure]

Attached are the necessary documents, including:

1. A letter from my physician detailing the medical necessity of the procedure.
2. Relevant medical records.
3. Any additional supporting documentation required.

I kindly ask for your prompt attention to this request as the procedure is time-sensitive. Please let me know if you require any further information to facilitate this authorization.

Thank you for your assistance. I look forward to your timely response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]