

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

[Recipient's Name]
[Recipient's Position]
[Healthcare Organization/Insurance Company Name]
[Organization Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Justification for Health Services

I am writing to formally request a review and authorization for [specific health service or treatment], which has been recommended by my healthcare provider, [Provider's Name], due to [brief explanation of medical necessity].

[Explain your medical condition, the necessity of the treatment, and any relevant medical history. Include specific details such as symptoms, previous treatments, and how this service will benefit your health.]

The recommended treatment is essential for [describe how it addresses your condition and any potential risks or consequences of not receiving the treatment]. According to [mention any relevant guidelines, studies, or recommendations], this treatment is an accepted practice for my condition.

I have attached [list any supporting documents, such as medical records, letters from healthcare providers, or test results] to assist in your review of my case.

I appreciate your attention to this matter and kindly request a prompt response regarding the authorization of this service. Please feel free to contact me at [your phone number or email address] for any further information.

Thank you for your consideration.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]