

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Recipient Title]
[Medical Institution/Insurance Company Name]
[Address]
[City, State, Zip Code]

Dear [Recipient Name],

Subject: Urgent Approval Request for Medical Treatment

I hope this message finds you well. I am writing to request urgent approval for [specific medical treatment or procedure], which has been recommended by my physician, Dr. [Doctor's Name].

Due to [brief explanation of the medical condition and urgency], it is critical that this treatment is initiated as soon as possible. [Provide a brief overview of the treatment and its importance].

Enclosed with this letter are the necessary documents, including:

1. Letter of medical necessity from Dr. [Doctor's Name]
2. Relevant medical records
3. [Any other supporting documents]

I appreciate your prompt attention to this matter and kindly ask for a swift response to ensure timely treatment. Should you require any further information, please do not hesitate to contact me at [your phone number] or [your email address].

Thank you for your understanding and cooperation.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]