

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

[Recipient Name]
[Recipient Title]
[Company/Organization Name]
[Company Address]
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to request coverage for a VQ scan that has been recommended by my physician, Dr. [Physician's Name]. The purpose of this scan is [briefly explain reason for the VQ scan, e.g., to evaluate lung function, assess for blood clots, etc.].

[Provide any additional relevant details about your medical condition, previous tests, or symptoms that led to this recommendation.]

I believe the VQ scan is necessary for my ongoing treatment and management. Enclosed are the relevant medical documents, including the referral from my physician and any pertinent medical history.

Thank you for considering my request for coverage. I hope to hear back from you soon regarding the approval of this essential procedure.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]

[Enclosures: Medical documents, referral letter, etc.]