

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

[Insurance Company Name]  
[Insurance Company Address]  
[City, State, ZIP Code]

Subject: Request for Pre-Authorization for Knee Replacement Surgery

Dear [Insurance Company Name/Adjuster's Name],  
I am writing to formally request pre-authorization for a knee replacement surgery that has been recommended by my physician, Dr. [Doctor's Name], due to [brief description of the medical condition, e.g., severe osteoarthritis].

Patient Name: [Your Full Name]  
Policy Number: [Your Policy Number]  
Date of Birth: [Your Date of Birth]

My doctor has evaluated my condition and has determined that a total knee replacement is medically necessary. I have exhausted all conservative treatment options, including [list any treatments, e.g., physical therapy, medications, injections], which have provided insufficient relief from my symptoms.

Enclosed with this letter are the following documents:

1. A letter from Dr. [Doctor's Name] detailing the medical necessity of the procedure.
2. Relevant medical records and imaging studies that support the diagnosis.
3. A list of prior treatments and their outcomes.

I respectfully request that you review this information and grant the necessary pre-authorization for my knee replacement surgery. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you need any additional information or documentation.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]