

[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 Coverage of Oxygen Concentrator

Dear [Insurance Provider's Contact Name/Claims Department],  
I hope this letter finds you well. I am writing to formally request  
coverage for an oxygen concentrator under my health insurance policy  
[Policy Number].

Due to [specific medical condition], my physician, Dr. [Doctor's Name],  
has prescribed the use of an oxygen concentrator to manage my health  
effectively. [Include any relevant details about your condition and how  
the oxygen concentrator is necessary for your treatment.]

I have attached the following documents for your review:

1. A letter of medical necessity from Dr. [Doctor's Name].
2. A copy of my insurance policy.
3. Any relevant medical records that support my request.

I kindly ask you to review my case and consider approving coverage for  
the oxygen concentrator. If you require any additional information or  
documentation, please feel free to contact me at your earliest  
convenience.

Thank you for your attention to this matter. I look forward to your  
prompt response.

Sincerely,

[Your Name]  
[Your Signature (if sending a hard copy)]  
[Enclosures: List of attached documents]