

[Your Name]  
[Your Title/Position]  
[Your Organization/Practice Name]  
[Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]  
[Date]  
[Recipient's Name]  
[Recipient's Title/Position]  
[Recipient's Organization/Insurance Company Name]  
[Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request the authorization for an oxygen concentrator for my patient, [Patient's Name], who has been diagnosed with [specific medical condition]. This condition has led to [briefly describe symptoms or requirements for oxygen therapy], necessitating the use of supplemental oxygen for [frequency/amount needed].

[Patient's Name] has undergone a comprehensive evaluation, including [mention tests or assessments], which indicates that the use of an oxygen concentrator is essential for maintaining [his/her/their] health and improved quality of life. [Include any relevant clinical information, treatment history, and response to therapies].

To support this request, I am including [list attached documents, such as medical records, test results, and previous treatments]. Based on [Patient's Name]'s medical condition and needs, I believe that an oxygen concentrator is a medically necessary piece of equipment for [his/her/their] ongoing treatment.

Thank you for your attention to this matter. Please do not hesitate to contact me at [your phone number or email] if you require any further information or clarification.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Name]  
[Your Title/Position]  
[Your Organization/Practice Name]