

[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 Authorization for Oxygen Therapy

Dear [Insurance Representative's Name],

I am writing to request authorization for oxygen therapy for [Patient's Name], who is a member of your insurance plan, and whose policy number is [Policy Number].

Patient's Information:

- Name: [Patient's Name]
- Date of Birth: [Patient's Date of Birth]
- Address: [Patient's Address]
- Diagnosis: [Patient's Diagnosis]

Medical Necessity:

Oxygen therapy has been recommended by [Doctor's Name], [Doctor's Specialty], in order to manage [briefly explain the medical condition and necessity for oxygen]. Enclosed are the supporting documents, including the physician's order, clinical notes, and any relevant tests that substantiate the need for this treatment.

Requested Treatment:

We request coverage for the following oxygen therapy components:

- [List specific items, e.g., portable oxygen concentrator, stationary oxygen unit, etc.]

Please review the attached documents and consider approving this request at your earliest convenience. If you have any questions or require additional information, feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]  
[Your Relationship to the Patient, if applicable]  
[Your Title/Position, if applicable]

Enclosures:

1. Physician's Order
2. Clinical Notes
3. Relevant Tests/Reports