

[Your Name]
[Your Title]
[Your Clinic/Hospital Name]
[Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Recipient Title]
[Insurance Company/Organization Name]
[Address]
[City, State, Zip Code]

Dear [Recipient Name],

Subject: Request for Authorization of Oxygen Therapy

I am writing to request authorization for oxygen therapy for my patient, [Patient's Full Name], [Patient's Date of Birth], [Patient's Insurance ID Number]. [He/She/They] has been diagnosed with [specific medical condition(s)], which requires supplemental oxygen to improve [his/her/their] quality of life and health outcomes.

[Provide a brief medical history and relevant clinical findings that justify the need for oxygen therapy. Include results from any relevant tests, treatments tried, and symptoms exhibited by the patient.]

The recommended oxygen therapy includes [specific type of oxygen delivery, e.g., continuous flow, pulse dose] at a prescribed flow rate of [specific flow rate] as per [specific guidelines or references].

Based on current clinical guidelines and my assessment, [Patient's Name] meets the criteria for oxygen therapy, as outlined by [relevant guidelines or authorities, e.g. Medicare/Medicaid].

Please find attached the required documentation, including [list any attached documents, such as a prescription, clinical notes, or test results].

I appreciate your attention to this matter and look forward to your prompt response. Should you require any additional information, please do not hesitate to contact me at [your phone number] or [your email address].

Thank you for your consideration.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Typed Name]

[Your Medical License Number]

[Your Specialty]

Attachments: [List of attached documents]