

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

[Insurance Company Name]
[Claims Department Address]
[City, State, Zip Code]

Subject: Request for Medical Coverage Approval

Dear [Insurance Company Contact/Claims Department],
I hope this letter finds you well. I am writing to formally request coverage for [specific medical treatment, procedure, or medication] that is necessary for my health condition.

****Patient Information:****

- Name: [Patient's Name]
- Policy Number: [Patient's Insurance Policy Number]
- Date of Birth: [Patient's DOB]

****Details of the Request:****

- Type of treatment/procedure: [Description]
- Date of proposed treatment: [Date]
- Provider/Facility Name: [Provider/Facility Name]
- Medical Diagnosis: [Diagnosis]
- Supporting Documents Attached: [List of documents such as medical records, letters from healthcare providers, etc.]

I believe this treatment is essential for my health due to [brief explanation of the necessity based on medical advice]. I appreciate your attention to this matter and look forward to your prompt response.
Thank you for your understanding and support.

Sincerely,

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