

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

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

Subject: Authorization Request for VQ Scan

Dear [Insurance Company Contact Name or "To Whom It May Concern"],
I am writing to request prior authorization for a VQ (Ventilation-Perfusion) scan for [Patient's Full Name], [Patient's Date of Birth], who is a member of [Insurance Policy Number]. This procedure is necessary for [brief description of medical reasons and any relevant medical history]. The VQ scan is critical in evaluating [specific medical condition or symptoms] and will assist in determining the appropriate treatment plan. [Mention any previous treatments or tests conducted].

Please find attached the following documents to support this request:

1. Physician's referral and notes
2. Recent medical records
3. Any relevant diagnostic test results

I appreciate your prompt attention to this matter and look forward to your positive response. Should you require any further information or documentation, please do not hesitate to contact me.

Thank you for your assistance.

Sincerely,

[Your Name]
[Your Title/Relation to Patient]