

[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 Coverage Approval - VQ Scan

Dear [Insurance Company's Claims Department/Specific Contact Name],
I am writing to request coverage approval for a VQ (Ventilation-Perfusion) Scan that has been recommended by my physician, [Physician's Name], due to [brief explanation of medical necessity, e.g., persistent respiratory issues, suspected pulmonary embolism, etc.].

Patient Information:

- Name: [Your Name]
- Date of Birth: [Your Date of Birth]
- Policy Number: [Your Policy Number]
- Claim Number (if applicable): [Your Claim Number]

The VQ scan is crucial for accurately diagnosing my condition and determining the appropriate course of treatment. Attached to this letter, you will find:

1. A copy of my physician's referral for the scan.
2. Relevant medical records supporting the necessity of this procedure.
3. Any additional documentation necessary for your review.

I kindly ask that you expedite the review process, as timely treatment is essential for my health. Please let me know if you need any further information or documentation to facilitate your decision.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]