

Sample Letter - Private Insurance Pre-approval

[Your Full Name]

[Your Address]

[Your Telephone Number]

[Date]

[Address]

Re: **[Name of Beneficiary]**, Member # **[Member ID Number]** Claim # **[Claim Number]**

To Whom It May Concern:

I am writing to request pre-approval for **[service]** by **[name of provider]**.

I have reviewed my policy and believe that **[name of health care plan]** is required to cover this service. **[Service]** is evidence-based and is medically necessary in order to ensure that **[Beneficiary]** can communicate effectively.

I am attaching a letter from **[Beneficiary]**'s **[type of treatment provider]**, **[name]**, explaining that this intervention is evidence-based and medically necessary due to **[describe specific needs of the beneficiary that will be addressed by the service]**. The intervention will address these needs by **[describe what is involved in the intervention]**.

[For a continuing service, add:] As recommended by **[treatment provider]**, I am requesting pre-approval for **x hours/visits** per **day/week/month**.

[Add more detailed information if possible. If you are including other documents such as prior assessments or other information, include a list of what you are sending here.]

If you need additional information, I can be reached at **[telephone number and/or e-mail address]**.

Sincerely,

[Signature]

[Typed Name]

Language
English

OFFICE OF DEVELOPMENTAL PRIMARY CARE

500 Parnassus Ave, Box 0900
San Francisco, CA 94143
Phone: (415) 476-4641 **Fax:** (415) 476-6051

-
-

Site Map
UCSF Main Site

© 2018 The Regents of the University of California

Source URL: <https://odpc.ucsf.edu/communications-paper/sample-letter-private-insurance-pre-approval>