Formal Insurance Pre-Authorization Request

Subject: Insurance Pre-Authorization Request for Dental Treatment

Dear [Dental Office Manager/Insurance Coordinator],

I am writing to request assistance with obtaining pre-authorization from my dental insurance for the treatment plan discussed during my recent consultation on [date].

The recommended treatment includes [list treatments: crown replacement, periodontal therapy, orthodontic treatment, etc.] with an estimated total cost of $[amount]. My insurance provider is [Insurance Company] with policy number [number] and group number [number].

I understand that pre-authorization is essential to determine my coverage level and out-of-pocket expenses. Could you please initiate this process and inform me of the timeline for receiving approval?

Additionally, if there are alternative treatment options that might be more favorably covered by my insurance, I would appreciate discussing those possibilities. My priority is maintaining optimal oral health while managing costs responsibly.

Please keep me informed throughout the pre-authorization process. I can be reached at [phone number] or [email address] and am available to provide any additional documentation required by the insurance company.

Thank you for your assistance with this matter.

Sincerely,

[Your Name]

[Patient Account Number]