Health Insurance Authorization Letter

Subject: Authorization for Insurance Claim Processing

Dear [Insurance Company Name],

I, [Full Name], policy number [Policy Number], hereby authorize [Authorized Personâ€™s Name] to act on my behalf in submitting, processing, and following up on claims related to my medical treatments and hospitalizations.

This authorization permits [Authorized Personâ€™s Name] to access my medical bills, reports, prescriptions, and other necessary records required by your office. The authority extends to signing claim documents and receiving claim updates.

I acknowledge full responsibility for this authorization and confirm that it shall remain valid until [End Date] unless revoked earlier in writing.

Sincerely,

[Your Full Name]

[Signature if printed]