# Second Medical Opinion Coverage Request

Subject: Request for Second Opinion Coverage Authorization

Dear Medical Director,

I am writing to request coverage authorization for a second medical opinion regarding my current diagnosis and treatment plan. My primary physician, Dr. [Name], has recommended [treatment/procedure], and I believe obtaining an independent medical opinion would be beneficial before proceeding.

Given the complexity of my condition [brief description] and the significant nature of the recommended treatment, I feel a second opinion would provide valuable insight and potentially identify alternative treatment options. This is not a reflection of dissatisfaction with my current care, but rather a prudent step in ensuring I receive the most appropriate treatment.

I have researched specialists in [specialty field] and would like to consult with Dr. [Second Opinion Doctor] at [Institution]. This physician has specific expertise in [relevant area] and would be well-qualified to provide an informed second opinion.

I understand that second opinions are typically covered under most insurance plans when medically appropriate. The potential benefits of this consultation include confirmation of diagnosis, evaluation of treatment alternatives, and increased confidence in the treatment plan ultimately chosen.

I respectfully request that you authorize coverage for this second opinion consultation. Please let me know what documentation or prior authorization requirements need to be fulfilled.

I appreciate your consideration and look forward to your response.

Sincerely,

[Your Name]

[Policy Number]