[Your Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Insurance Company Name]
[Attn: Claims/Prior Authorization Department]
[Address]
[City, State, Zip Code]

RE: Request for Retroactive Prior Authorization for Emergency Services

Patient Name: [Patient Full Name]
Member ID Number: [Policy Number]
Group Number: [Group Number]
Date of Service: [Date of Emergency]
Claim Number: [Claim Number (if applicable)]

To Whom It May Concern,

I am writing to formally request a retroactive prior authorization for emergency medical services received at [Hospital/Facility Name] on [Date].

The services provided were necessitated by a sudden, life-threatening medical emergency involving [briefly describe the emergency, e.g., severe cardiac distress, respiratory failure, or traumatic injury]. Due to the acute and life-threatening nature of the situation, immediate medical intervention was required to prevent permanent impairment or loss of life. Consequently, obtaining prior authorization was not possible at the time of admission.

Under the "Prudent Layperson Standard" and federal emergency care guidelines, coverage should be extended for services required to screen and stabilize a patient in an emergency. Attached you will find medical documentation, including the emergency room admission notes and physician statements, confirming the critical nature of this event.

Please review this request and the attached records to update the authorization status for this claim. If further information is required, I can be reached at [Phone Number].

Thank you for your prompt attention to this urgent matter.

Sincerely,

[Your Signature]
[Your Printed Name]

Enclosures: [Medical Records, Physician Letter, ER Discharge Summary]