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

[Date]

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

RE: Request for Retroactive Prior Authorization
Patient Name: [Patient Full Name]
Member ID: [ID Number]
Group Number: [Group Number]
Date of Service: [Date of Emergency]
Claim/Reference Number: [Number if available]

To Whom It May Concern,

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

The services provided were due to an unplanned, life-threatening emergency involving [briefly describe emergency, e.g., severe chest pain, sudden trauma, loss of consciousness]. Due to the urgent and acute nature of the medical crisis, it was impossible to seek prior authorization before treatment was administered. The primary focus of the medical staff was the immediate stabilization of the patient.

Attached to this letter, please find the following supporting documentation:

- Emergency department admission notes
- Physician's clinical summary
- Diagnostic test results confirming the emergency status

Under the "Prudent Layperson Standard," these services should be covered as they were necessary to prevent serious impairment or dysfunction. I request that you review the attached clinical information and grant a retroactive authorization to allow for the processing of the associated claims.

Thank you for your prompt attention to this matter. I look forward to your written response within [Number] days.

Sincerely,

[Signature]
[Printed Name]