Date: [Insert Date]

TO: [Medical Director Name/Utilization Management Department]
Health Plan: [Insurance Company Name]
Fax/Email: [Insert Contact Information]

RE: Expedited Peer-to-Peer Review Summary and Authorization Request
Patient Name: [Patient Name]
Date of Birth: [DOB]
Member ID: [Member ID Number]
Reference/Reference Number: [Prior Authorization Reference Number]

Dear Medical Director,

This letter serves as a formal summary of the Peer-to-Peer discussion held on [Date] between [Requesting Provider Name] and [Health Plan Reviewer Name] regarding the requested [Procedure/Medication/Service].

Clinical Justification:
The patient presents with [Diagnosis/Condition]. The requested service is medically necessary because [Briefly state clinical reasoning discussed, e.g., failure of conservative treatments, acuity of symptoms, or specific diagnostic findings].

Discussion Summary:
During our call, we discussed the following points:

- [Key Point 1]
- [Key Point 2]
- [Key Point 3]

Urgency:
An expedited authorization is requested because any delay in treatment may result in [adverse clinical outcome/permanent impairment/hospitalization].

Based on our discussion and the clinical evidence provided, I am requesting an immediate reversal of the initial denial and formal authorization for the requested services.

Should you require further information, please contact my office at [Phone Number].

Sincerely,

[Provider Signature]
[Provider Name, Title]

[Practice/Facility Name]
[NPI Number]