

Option 1: Standard Professional

Subject: URGENT: Prior Authorization Extension Request - [Patient Name] - [Policy Number]

Option 2: Reference Number Included

Subject: Extension Request for Authorization #[Original Authorization Number] - [Patient Name]

Option 3: Time-Sensitive / Expiring

Subject: EXPIRATION NOTICE: Request to Extend Prior Authorization for [Treatment/Medication Name] - [Patient DOB]

Option 4: Provider to Payer

Subject: Prior Authorization Extension - Provider: [Physician Name] - Patient: [Patient Name]