

[Date]

[Insurance Company Name]

[Attn: Prior Authorization/Appeals Department]

[Insurance Address]

[City, State, Zip Code]

RE: Request for Expedited Authorization for Bariatric Surgery Evaluation

Patient Name: [Patient Full Name]

Member ID: [ID Number]

Group Number: [Group Number]

Date of Birth: [DOB]

To Whom It May Concern,

I am writing to formally request an **expedited authorization** for a bariatric surgery evaluation for the above-referenced patient. Due to the patient's current clinical status, a standard review timeframe would seriously jeopardize the patient's life, health, or ability to regain maximum function.

The patient currently has a BMI of [BMI Number] and suffers from the following life-threatening or rapidly progressing comorbidities:

- [Comorbidity 1: e.g., Severe Obstructive Sleep Apnea]
- [Comorbidity 2: e.g., Uncontrolled Type 2 Diabetes]
- [Comorbidity 3: e.g., Nonalcoholic Steatohepatitis (NASH)]

Current medical management has been insufficient in controlling these conditions. An expedited evaluation is medically necessary to prevent [list specific risks, e.g., cardiovascular event, permanent organ damage].

Please process this request within the 72-hour expedited window as mandated by clinical urgency. All necessary clinical documentation and progress notes are attached for your review.

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

Sincerely,

[Physician Name, MD/DO]

[Medical Practice Name]

[NPI Number]

[Phone Number]