

[Date]

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

RE: Follow-Up on Prior Authorization Request

Patient Name: [Patient Name]
Patient Date of Birth: [DOB]
Member ID Number: [ID Number]
Group Number: [Group Number]
Original Request Date: [Date of initial submission]
Reference/Case Number: [Reference Number if available]

To Whom It May Concern,

I am writing to formally follow up on the status of a prior authorization request submitted on [Date] for a comprehensive Bariatric Assessment for the above-referenced patient. As of today, we have not received a determination or a request for additional documentation.

The requested assessment is a medical necessity to determine the patient's eligibility for weight loss intervention due to [List primary diagnosis, e.g., Morbid Obesity] and related comorbidities, including [List comorbidities, e.g., Type 2 Diabetes, Hypertension].

Please provide a status update regarding this request at your earliest convenience. If further clinical documentation is required to finalize the review, please notify our office immediately.

Thank you for your prompt attention to this matter. I can be reached at [Your Phone Number] or via fax at [Your Fax Number].

Sincerely,

[Your Name/Provider Name]
[Title]
[Facility/Clinic Name]
[NPI Number]