

[Date]

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

RE: Follow-up on Prior Authorization Request

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Member ID Number: [ID Number]
Group Number: [Group Number]
Requested Procedure: Bone Density Scan (DXA/DEXA) - CPT [Code]
Date of Original Request: [Original Date]

To Whom It May Concern,

I am writing to follow up on the status of the prior authorization request submitted on [Date] for a Bone Density Scan (DXA) for the above-referenced patient.

The patient requires this scan for the following clinical reasons:

- [Reason 1: e.g., History of osteoporosis]
- [Reason 2: e.g., Long-term use of steroid medication]
- [Reason 3: e.g., Monitoring treatment efficacy]

To date, we have not received a determination regarding this request. Please provide an update on the status of this authorization or notify us if any additional documentation is required to finalize the review.

You may fax the determination to [Fax Number] or contact our office directly at [Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Provider Name/Office Manager Name]
[Practice Name]
[NPI Number]