Date: [Insert Date]

To: [Insurance Company Name / Claims Department]
Fax/Email: [Insurance Contact Details]
Policy Number: [Insert Policy Number]
Case Reference: [Insert Case Number if applicable]

Subject: Authorization for Outpatient Intravenous (IV) Therapy

Dear Claims Authorization Team,

I am writing to formally request medical authorization for outpatient Intravenous (IV) Therapy for the following insured patient:

Patient Name: [Patient Full Name]
Date of Birth: [DD/MM/YYYY]
Passport Number: [Insert Number]
Current Location: [City, Country]

Medical Necessity:
The patient presented at [Clinic/Hospital Name] on [Date] with symptoms of [Insert Diagnosis/Condition, e.g., severe dehydration, acute infection]. Due to [Reason why oral meds are insufficient], the treating physician, Dr. [Doctor Name], has prescribed a course of IV therapy including:

- [Type of Fluid/Medication 1]
- [Type of Fluid/Medication 2]
- [Number of sessions/Frequency]

Facility Information:
The treatment will be administered at the following outpatient facility:
[Clinic Name]
[Clinic Address]
[Clinic Phone Number]

Estimated Cost: [Insert Amount and Currency]

Please provide a Letter of Guarantee (LOG) or written confirmation of coverage for this outpatient procedure to ensure the patient can proceed with necessary treatment without delay. Supporting medical reports are attached to this request.

We look forward to your urgent response.

Sincerely,

[Your Name / Physician Name]
[Contact Phone Number]
[Email Address]