|  | 5501 Fortunes Ridge Rd, Suite P  Durham, NC, 27713  919-391-7202  drboazak@animosanopsychiatry.com |
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Provider Name: Dr. Jane Smith  
Addressed To: Insurance Company  
Reason for Letter: To request authorization for a medical procedure  
Diagnosis: Chronic Migraine Headaches (G43.009)  
  
Dear Insurance Company,  
  
I am writing to request authorization for a medical procedure for [Patient Name] [DOB]. The patient has been diagnosed with chronic migraine headaches (G43.009).   
  
The patient has been under my care for the past year and has undergone a variety of treatments to manage the condition, including medications, lifestyle modifications, and physical therapy. Despite these treatments, the patient's symptoms have not improved and the condition has become increasingly debilitating.  
  
I believe the patient will benefit from a medical procedure that will provide relief from the chronic migraine headaches. I have enclosed the relevant medical records and test results for your review.  
  
Thank you for your time and consideration. I look forward to hearing from you soon.  
  
Sincerely,  
  
Dr. Jane Smith