**Sample Letter for Pre-Approval**

Your Full Name
Your Full Address
Your City, State and Zip
Your Phone Number with Area Code
Current Date

Insurance Provider’s Name
Insurance Provider’s Address
Insurance Provider’s City, State, Zip

Dear Insurance Provider (insert name of insurance provider contact),

In your first paragraph, mention the following points:

    1.    Discuss how severe obesity affects or has affected you and your family.
    2.    Share your personal connection with this disease. (Remember to remain brief. A short letter can accomplish just as much as a long one.)

In your second paragraph, mention the following items:

    1.    Is the procedure I am seeking covered under my contract?
    2.    If yes, what are the limitations?
    3.    If no, are there any portions of the procedure that may be covered?
    4.    If the procedure is excluded, please mail me a copy of my policy with the pertaining excluded sections highlighted.

In your last paragraph, discuss the following closing items:

    1.    Request that the insurance provider write you back as soon as possible, informing you on the procedure in question.
    2.    Thank them for their time.

Sincerely,

Your Full Name