

Authorization Letter
(Insurance Claim Authorization Letter)

[Your Name]
[Your Address]
[City, State, ZIP Code]

[Date]

[Insurance Company Name]
[Company Address]

[City, State, ZIP Code]

Dear [Insurance Company Name],

I, [Your Name], hereby authorize [Authorized Person's Name] to file and manage insurance claims on my behalf. [Authorized Person's Name] is permitted to communicate with the insurance company, provide necessary documentation, and represent me in all matters related to insurance claims.

This authorization is valid from [Start Date] to [End Date].

Thank you for your cooperation.

Sincerely,
[Your Signature]
[Your Name]