

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Recipient's Title]
[Insurance Company/TPA Name]
[Company Address]
[City, State, Zip Code]

Subject: TPA Approval Request for [Patient's Name / Policy Number / Procedure]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request approval for [specific treatment, procedure, or service] for [Patient's Name], [Patient's ID/Policy Number], which is scheduled for [date of procedure] at [Facility/Institution Name].

Details of the Request:

- **Patient Information:**

- Name: [Patient's Name]
- Date of Birth: [DOB]
- Policy Number: [Policy Number]

- **Procedure Details:**

- Type of Procedure: [Procedure Name]
- CPT Code: [CPT Code]
- Date of Service: [Proposed Date]
- Provider/Facility: [Provider's Name and Facility]

- **Medical Necessity:**

- Brief explanation of the condition and why the procedure is necessary for the patient's health.

Attached to this letter are the following documents to support this request:

1. [Relevant medical records]
2. [Referring physician's notes]
3. [Any other supporting documentation]

We kindly ask for your prompt attention to this request, as it is vital for [Patient's Name]'s health and well-being. Please feel free to contact me at [Your Phone Number] or [Your Email Address] for any further information.

Thank you for your consideration.

Sincerely,

[Your Name]
[Your Title/Relationship to Patient]
[Your Signature (if sending a hard copy)]