

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

[Date]  
[TPA Name]  
[TPA Address]  
[City, State, ZIP Code]

Subject: Request for TPA Consent

Dear [TPA Contact Name],

I hope this message finds you well.

I am writing to formally request your consent for [specific reason for consent, e.g., the processing of claims, access to medical records]. This request is necessary to ensure [briefly explain the importance of the consent, e.g., timely processing of claims, compliance with regulations]. Please find attached [any necessary documents or information to support your request]. If you have any questions or require further information, feel free to contact me at your earliest convenience.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Position/Title, if applicable]

[Your Organization, if applicable]