

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

[TPA's Name]  
[TPA's Company/Organization Name]  
[TPA's Address]  
[City, State, Zip Code]

Subject: Request for TPA Approval

Dear [TPA's Name],

I hope this letter finds you well.

I am writing to formally request approval for [specific service, treatment, or procedure] for [patient's name], who is a member of our plan, and whose details are as follows:

- Patient Name: [Patient's Name]
- Policy Number: [Policy Number]
- Date of Birth: [DOB]
- Diagnosis: [Diagnosis]
- Proposed Treatment: [Proposed Treatment]
- Provider Name: [Provider's Name]
- Provider Contact Information: [Provider's Contact Info]

Enclosed are the relevant medical documents supporting this request, including [list any documents such as treatment plans, medical history, or physician notes].

We appreciate your prompt attention to this matter and look forward to your approval so we can proceed with the necessary care for [patient's name].

Thank you for your cooperation.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]  
[Your Job Title]  
[Your Organization]