

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

Subject: Request for Approval of TPA for Health Insurance Claim

Dear [TPA Contact Name],

I hope this letter finds you well. I am writing to formally request the approval of my Third Party Administrator (TPA) for my health insurance claim pertaining to [brief description of the medical service or treatment].

Policyholder Name: [Your Name]

Policy Number: [Your Policy Number]

Claim Number: [If applicable]

Date of Service: [Date of Service]

Provider Name: [Name of the Healthcare Provider]

Enclosed with this letter are the required documents, including:

1. Claim Form
2. Medical Bills
3. Treatment Summary from the Healthcare Provider
4. Any other pertinent documents

I would greatly appreciate your prompt attention to this matter so that I can proceed with my treatment without any further delays. If additional information or documentation is needed, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]