

[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 Approval for Treatment

Dear [TPA Contact Name or "To Whom It May Concern"],
I hope this letter finds you well. I am writing to formally request approval for treatment for [Patient's Name], who is a policyholder under [Insurance Policy Number].

The proposed treatment involves [briefly describe the treatment, e.g., surgery, therapy, medication] to address [patient's medical condition or diagnosis]. The medical provider, [Provider's Name], has recommended this treatment as it is deemed necessary for [explain reason or urgency of treatment].

Attached to this letter, you will find the following documents for your review:

1. Medical Records
2. Treatment Plan
3. Recommendation Letter from [Provider's Name]
4. [Any other relevant documents]

We appreciate your prompt attention to this matter. If you require any additional information or documentation, please do not hesitate to reach out.

Thank you for your consideration.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Relationship to the Patient, if applicable]