

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

[TPA's Name]  
[TPA's Address]  
[City, State, ZIP Code]

Subject: Request for TPA Approval

Dear [TPA's Name or "To Whom It May Concern"],  
I am writing to formally request approval for [nature of the request,  
e.g., a specific treatment, procedure, or medication] for [Patient's  
Name].

Patient Details:

- Name: [Patient's Name]
- Date of Birth: [Patient's DOB]
- Insurance Policy Number: [Policy Number]
- Treatment/Procedure: [Specify Treatment/Procedure]
- Date of Request: [Date]

I have attached the necessary documentation, including [list documents  
such as medical records, physician's recommendations, etc.], to support  
this request.

Please let me know if you require any additional information or have any  
questions regarding this request.

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

Sincerely,

[Your Name]  
[Your Title/Relationship to Patient, if applicable]  
[Your Organization, if applicable]