

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

[Date]  
[TPA's Name]  
[TPA's Company 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 treatment/procedure] for [Patient's Name], whose details are as follows:

- Patient ID: [Patient ID]
- Date of Birth: [Patient's DOB]
- Insurance Policy Number: [Policy Number]

The proposed treatment has been recommended by [Doctor's Name] due to [brief explanation of the medical necessity]. Attached you will find supporting documentation, including [list any attached documents such as medical reports, treatment plans, etc.].

We appreciate your prompt attention to this matter, as timely approval is essential for the continuation of care. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you require any further information.

Thank you for your consideration.

Sincerely,

[Your Name]  
[Your Title/Position]  
[Your Organization name (if applicable)]