

[Your Hospital's Letterhead]

[Date]

[Recipient Name]

[Recipient Title]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

Subject: Request for TPA Approval for [Patient's Name, Patient ID]

We are writing to request Third Party Administrator (TPA) approval for the treatment of [Patient's Name], who has been admitted to our facility on [Admission Date] for [Diagnosis/Procedure]. The patient's policy number is [Policy Number].

Details of Treatment:

- Diagnosis: [Diagnosis]
- Proposed Treatment/Procedure: [Details of Treatment]
- Admission Date: [Date]
- Estimated Duration of Stay: [Duration]
- Estimated Cost of Treatment: [Cost]

Attached are the required documents, including the patient's medical history and the recommended treatment plan, for your review.

We kindly ask for your prompt approval to ensure the necessary care for [Patient's Name]. Please contact us at [Phone Number] or [Email Address] for any questions or further information.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Hospital's Name]

[Contact Information]