

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

[Insurer's Name]
[Insurer's Address]
[City, State, Zip Code]

Subject: TPA Approval Request

Dear [Insurer's Contact Name],
I hope this letter finds you well.

We are writing to formally request approval for the Third Party Administrator (TPA) as follows:

****TPA Name:**** [TPA Name]

****TPA Address:**** [TPA Address]

****Contact Person at TPA:**** [Contact Person Name]

****Contact Number:**** [Contact Number]

The TPA has been selected based on their expertise in managing [specific services] and we believe their involvement will enhance the efficiency and effectiveness of claims processing for our mutual clients.

Please find attached the necessary documentation required for your review:

1. TPA Agreement
2. TPA Credentials
3. [Any additional documents]

We appreciate your prompt attention to this request and look forward to receiving your approval at your earliest convenience.

Thank you for your cooperation.

Best regards,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Position]
[Your Company]