

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

[Recipient's Name]
[Recipient's Position]
[Insurance Company/TPA Name]
[Address]
[City, State, Zip Code]

Subject: TPA Approval Request for [Patient's Name/Policy Number]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to request prior authorization for [specific medical treatment/procedure] for [Patient's Name], covered under policy number [Policy Number].

****Patient Information:****

- Patient Name: [Full Name]
- Date of Birth: [DOB]
- Policy Number: [Policy Number]

****Medical Information:****

- Diagnosis: [Diagnosis]
- Recommended Treatment/Procedure: [Treatment/Procedure Name]
- Expected Date of Service: [Date]

****Justification for Request:****

[Provide a brief explanation of the medical necessity of the treatment/procedure, including relevant clinical information and any supporting evidence such as previous treatments, test results, or physician recommendations.]

****Attachments:****

1. [List any documents you are attaching, such as referral letters, medical records, or relevant test results.]

I kindly request your prompt attention to this matter, as timely approval is critical for the patient's treatment plan. Please do not hesitate to reach out if you need any further information or clarification regarding this request.

Thank you for your assistance.

Sincerely,

[Your Name]
[Your Position]
[Your Organization]