

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient Name]  
[Recipient Title]  
[Insurance Company/Organization Name]  
[Address]  
[City, State, Zip Code]

Subject: TPA Approval Request

Dear [Recipient Name],

I am writing to formally request approval for [specific medical treatment, procedure, or service] that is recommended by my healthcare provider, Dr. [Doctor's Name].

Patient Details:

- Name: [Patient's Name]
- Policy Number: [Policy Number]
- Date of Birth: [Patient's Date of Birth]

Treatment Details:

- Diagnosis: [Diagnosis]
- Proposed Treatment: [Details of treatment]
- Cost Estimate: [Estimated cost, if available]

The recommended treatment is necessary due to [brief explanation of the medical need]. I have attached relevant medical documents, including [list of attached documents, e.g., medical reports, prescriptions, etc.], for your review.

I kindly request that you expedite the approval process as my healthcare provider has emphasized the importance of receiving this treatment in a timely manner.

Thank you for your attention to this matter. If you require any further information or documentation, please do not hesitate to contact me at [your phone number] or [your email address].

Sincerely,

[Your Name]

[Your Relationship to Patient, if applicable]