

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

Subject: Request for TPA Approval for Medical Claim

Dear [TPA Contact Name],

I am writing to request your approval for my medical claim with reference number [Claim Reference Number]. I was admitted to [Hospital Name] from [Admission Date] to [Discharge Date] for [Diagnosis/Condition].

The details of my treatment are as follows:

- Treatment received: [Description of Treatment]
- Total expenses incurred: [Total Amount]
- Supporting documents attached: [List of Documents]

I kindly request prompt processing of my claim, as I have settled the hospital bills and would appreciate reimbursement at the earliest.

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Policy Number]