

# Confirmation of Outpatient Procedure Authorization

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Procedure: [Insert Procedure Name]

Scheduled Date: [Insert Scheduled Date]

Provider Name: [Insert Provider Name]

Facility: [Insert Facility Name]

Authorization Number: [Insert Authorization Number]

Dear [Insert Patient Name],

We are pleased to inform you that your outpatient procedure has been authorized. Please find the details below:

- Procedure: [Insert Procedure Name]
- Scheduled Date: [Insert Scheduled Date]
- Provider: [Insert Provider Name]
- Facility: [Insert Facility Name]
- Authorization Number: [Insert Authorization Number]

If you have any questions or need further assistance, please do not hesitate to contact our office at [Insert Contact Information].

Thank you,

[Your Name]

[Your Title]

[Your Organization]