

Medical Insurance Approval Letter

Date: [Insert Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

We are pleased to inform you that your request for diagnostic tests has been approved by [Insurance Company Name]. Please find the details of the approved tests below:

Approved Diagnostic Tests:

- [Test Name 1] - [Reason for Test]
- [Test Name 2] - [Reason for Test]
- [Test Name 3] - [Reason for Test]

Please ensure that the tests are conducted at an in-network facility to maximize your coverage. If you have any questions or require further assistance, do not hesitate to contact us at [Insurance Company Phone Number] or [Insurance Company Email].

Thank you for choosing [Insurance Company Name]. We wish you a speedy recovery.

Sincerely,

[Your Name]

[Your Position]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]