

Medical Insurance Approval

Date: [Insert Date]

To: [Recipient Name]

[Recipient Address]

[City, State, Zip Code]

Dear [Recipient Name],

We are pleased to inform you that your request for coverage of mental health services has been approved. This decision is based on the assessment of your current needs and medical history.

Details of Approval:

- Service Provider: [Service Provider Name]
- Type of Service: [Type of Mental Health Service]
- Approval Period: [Start Date] to [End Date]
- Coverage Amount: [Coverage Amount]

To proceed with scheduling your appointment, please contact [Service Provider Contact Information]. We recommend that you keep this letter for your records.

If you have any questions or require further assistance, feel free to reach us at [Insurance Company Phone Number] or [Insurance Company Email Address].

Thank you for choosing [Insurance Company Name]. We wish you the best on your journey towards better mental health.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Company Contact Information]