

Medical Insurance Approval Letter

Date: [Insert Date]

To: [Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

We are pleased to inform you that your request for medical insurance coverage for the outpatient procedure, [Procedure Name], has been approved.

Details of the approval are as follows:

- **Procedure:** [Procedure Name]
- **Date of Service:** [Scheduled Date]
- **Provider:** [Provider's Name]
- **Insurance Policy Number:** [Policy Number]

Please ensure that all necessary documentation is submitted to the provider prior to the procedure date. If you have any questions regarding your coverage or need further assistance, please do not hesitate to contact our office at [Insurance Company Phone Number].

Thank you for choosing [Insurance Company Name]. We wish you a successful procedure and a smooth recovery.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

[Phone Number]