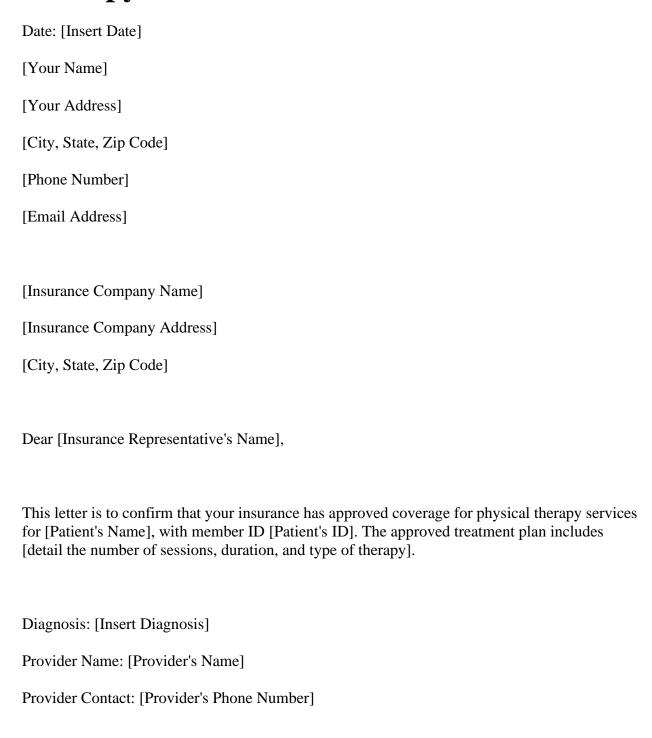
## Medical Insurance Approval for Physical Therapy



We appreciate your timely approval to facilitate the patient's recovery process. Please do not hesitate to contact us should you require further information.
Sincerely,
[Your Name]
[Your Job Title]
[Your Organization]