

Medical Insurance Approval for Physical Therapy

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Representative's Name],

This letter is to confirm that your insurance has approved coverage for physical therapy services for [Patient's Name], with member ID [Patient's ID]. The approved treatment plan includes [detail the number of sessions, duration, and type of therapy].

Diagnosis: [Insert Diagnosis]

Provider Name: [Provider's Name]

Provider Contact: [Provider's Phone Number]

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]