

Medical Insurance Approval Letter

Date: [Insert Date]

[Insured's Name]

[Insured's Address]

[City, State, Zip Code]

Policy Number: [Insert Policy Number]

Member ID: [Insert Member ID]

Dear [Insured's Name],

We are pleased to inform you that your request for approval of preventive care services has been reviewed and approved. The following services are covered under your medical insurance plan:

- Annual Physical Examination
- Routine Blood Work
- Preventive Screenings as recommended

Please schedule these services with your healthcare provider at your earliest convenience. Make sure to provide them with your insurance details to ensure coverage during your visit.

If you have any questions or require further assistance, feel free to contact our customer service at [Customer Service Phone Number] or [Email Address].

Thank you for choosing [Insurance Company Name]. We wish you good health!

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]