

Medical Insurance Approval Letter

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Policy Number: [Insert Policy Number]

Provider Name: [Insert Provider Name]

Provider Address: [Insert Provider Address]

Dear [Provider Name],

We are pleased to inform you that the medical insurance claim for the specialist consultation for [Insert Patient Name] has been approved.

Consultation Details:

- Specialist: [Insert Specialist Name]
- Date of Consultation: [Insert Date]
- Approved Amount: [Insert Approved Amount]

Please proceed with the consultation as per the approved details. Ensure all necessary documents are submitted for processing any further claims.

If you have any questions or need further assistance, feel free to contact us at [Insert Contact Information].

Thank you for your cooperation.

Sincerely,

[Insert Insurance Company Name]

[Insert Contact Information]