

Medical Insurance Approval Letter

Date: [Insert Date]

To: [Patient's Name]

Address: [Patient's Address]

City, State, Zip: [City, State, Zip]

Dear [Patient's Name],

We are pleased to inform you that your request for medical insurance approval for an urgent care visit has been approved.

The details of your approval are as follows:

- **Claim Number:** [Insert Claim Number]
- **Date of Service:** [Insert Date of Service]
- **Facility Name:** [Insert Facility Name]
- **Approved Amount:** \$[Insert Approved Amount]

Please present this letter to the urgent care facility at the time of your visit. If you have any questions or require further assistance, feel free to contact our customer service team at [Insert Phone Number].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Insurance Company Contact Information]