[Current Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Subject: Reminder: Approved Appointment with [Doctor Name]

Dear [Patient Name],

This is a reminder of your upcoming appointment with [Provider Name] at [Clinic Name].

Appointment Details:

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Location:** [Clinic Address]

We are pleased to inform you that the required pre-authorization for this visit has been approved by your insurance provider, [Insurance Company Name].

Pre-Authorization Information:

- **Authorization Number:** [Auth Number]
- **Valid Dates:** [Start Date] to [End Date]
- **Approved Service:** [Service/Procedure Description]

Please remember to bring your insurance card and a valid photo ID to your appointment. If you need to reschedule or cancel, please contact our office at [Phone Number] at least 24 hours in advance.

We look forward to seeing you.

Sincerely,

[Sender Name/Department]
[Clinic Name]
[Phone Number]