[Date]

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

Subject: Appointment Reminder and Insurance Authorization Approval

Dear [Patient Name],

This letter is to remind you of your upcoming specialist consultation. We are pleased to inform you that your insurance provider has officially approved the pre-authorization for this visit.

Appointment Details:

- **Specialist Name:** [Provider Name]
- **Facility Name:** [Facility/Clinic Name]
- **Date:** [Date of Appointment]
- **Time:** [Time of Appointment]
- **Location:** [Full Address of Clinic]

Authorization Information:

- **Insurance Carrier:** [Insurance Name]
- **Authorization Number:** [Reference Number]
- **Validity Period:** [Start Date] to [End Date]

Please arrive [15] minutes early to complete any necessary paperwork. Remember to bring your insurance card and a valid photo ID. If your plan requires a co-payment, it will be collected at the time of check-in.

If you need to reschedule or cancel your appointment, please contact our office at [Phone Number] at least [24/48] hours in advance to avoid any cancellation fees.

We look forward to seeing you.

Sincerely,

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