[Facility Name]
[Facility Address]
[City, State, Zip Code]
[Phone Number]

[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 diagnostic imaging appointment. We are pleased to inform you that your insurance provider has officially approved the pre-authorization for this procedure.

**Appointment Details:**

- **Procedure:** [Type of Scan, e.g., MRI/CT/Ultrasound]
- **Date:** [Appointment Date]
- **Arrival Time:** [Time]
- **Location:** [Department/Suite Number]

**Authorization Information:**

- **Insurance Provider:** [Insurance Name]
- **Authorization Number:** [Auth Number]

**Important Instructions:**

[Insert specific preparation instructions, e.g., fasting, clothing requirements, or hydration].

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

Thank you for choosing [Facility Name] for your healthcare needs.

Sincerely,

[Staff Name/Department]
[Facility Name]