[Clinic Name]
[Clinic Address]
[Phone Number]

[Date]

To: [Patient Name]
[Patient Address]

Subject: Appointment Reminder and Insurance Authorization Approval

Dear [Patient Name],

This is a reminder of your upcoming Physical Therapy appointment on:

Date: [Appointment Date]
Time: [Appointment Time]
Provider: [Therapist Name]

We are pleased to inform you that your insurance provider, [Insurance Company Name], has approved the pre-authorization for your treatment. Your authorization details are as follows:

- **Authorization Number:** [Auth Number]
- **Approved Number of Visits:** [Number]
- **Valid Dates:** [Start Date] to [End Date]

Please note that your estimated co-pay or co-insurance per visit is $[Amount]. This is due at the time of service.

If you need to cancel or reschedule, please provide at least [24/48] hours' notice to avoid a cancellation fee. We look forward to seeing you.

Sincerely,

[Staff Name/Clinic Name]
[Phone Number]