[Date]

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

Subject: Confirmation of Treatment Approval and Appointment Reminder

Dear [Patient Name],

This letter is to inform you that your insurance provider has officially approved the pre-authorization for your upcoming oncology treatment: **[Treatment Name/Type]**.

We would like to remind you of your scheduled appointment at our facility:

- **Date:** [Appointment Date]
- **Arrival Time:** [Time]
- **Location:** [Department/Building Name, Floor Number]
- **Physician:** Dr. [Physician Name]

Important Instructions:

- Please bring your photo ID and current insurance card.
- Review the attached pre-treatment guidelines regarding fasting or medications.
- Plan to arrive 15 minutes early to complete any necessary paperwork.

If you need to reschedule or have any questions regarding your treatment plan, please contact our oncology coordination team at [Phone Number] as soon as possible.

We look forward to seeing you and supporting you through your care.

Sincerely,

[Sender Name]
[Title]
[Facility/Clinic Name]