[Date]

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

Subject: Appointment Reminder and Insurance Authorization Approval

Dear [Patient Name],

This is a reminder of your upcoming Cardiology Assessment. We are pleased to inform you that your insurance provider has officially approved the pre-authorization for this visit.

Appointment Details:

- **Date:** [Date of Appointment]
- **Time:** [Time of Appointment]
- **Provider:** [Physician Name]
- **Location:** [Clinic/Hospital Name and Address]

Authorization Information:

- **Authorization Number:** [Auth Number]
- **Coverage Dates:** [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 you need to reschedule or have any questions, please contact our office at [Phone Number] at least 24 hours in advance.

Sincerely,

[Clinic Name]
[Department Name]
[Phone Number]