[Date]

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

Subject: Appointment Reminder and Insurance Authorization Approval

Dear [Patient Name],

This is a reminder regarding your upcoming outpatient procedure. We are pleased to inform you that your insurance provider, [Insurance Company Name], has approved the pre-authorization for this service.

Appointment Details:

- **Procedure:** [Procedure Name]
- **Date:** [Date of Appointment]
- **Arrival Time:** [Time]
- **Location:** [Facility Name/Department Address]

Authorization Information:

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

Important Instructions:

- Please bring your photo ID and current insurance card.
- Follow all fasting or preparation instructions provided by your physician.
- You will need a responsible adult to drive you home after the procedure.

If you need to reschedule or have questions regarding your clinical instructions, please call us at [Phone Number] at least 24 hours in advance.

We look forward to seeing you.

Sincerely,

[Staff Name/Department]
[Facility Name]