Date: [Date]

To the Parents/Guardians of [Patient Name],

This is a reminder of your upcoming appointment with [Doctor/Clinic Name]. We are pleased to inform you that the required insurance pre-authorization for this visit has been successfully approved.

Appointment Details:

- **Patient:** [Patient Name]
- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Location:** [Clinic Address/Suite]

Pre-Authorization Information:

- **Insurance Provider:** [Insurance Name]
- **Authorization Number:** [Auth Number]
- **Coverage Status:** Approved

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 regarding your coverage, please contact our office at [Phone Number] at least 24 hours in advance.

We look forward to seeing you and [Patient Name].

Sincerely,

[Office Name/Administrative Staff]
[Clinic Phone Number]
[Clinic Website]