Date: [Current Date]

Patient Name: [Patient Full Name]
Patient ID: [Patient ID Number]

Subject: Telehealth Appointment Reminder and Authorization Approval

Dear [Patient Name],

This is a reminder of your upcoming telehealth appointment with [Provider Name].

Appointment Details:
Date: [Appointment Date]
Time: [Appointment Time]
Platform/Link: [Telehealth Link or App Name]

Insurance Authorization:
We are pleased to inform you that your insurance provider has approved the pre-authorization for this telehealth visit.
Authorization Number: [Authorization Number]
Approved Dates: [Start Date] to [End Date]

Instructions for your Visit:

- Please log in to the platform 5-10 minutes before your scheduled time to test your camera and microphone.
- Ensure you are in a private, quiet space with a stable internet connection.
- Have your current medications or any specific questions ready for the provider.

If you need to reschedule or cancel this appointment, please contact our office at [Phone Number] at least [Number] hours in advance to avoid any cancellation fees.

We look forward to seeing you virtually.

Sincerely,

[Clinic/Practice Name]
[Contact Phone Number]
[Website]