[Date]

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

Subject: Appointment Reminder and Insurance Authorization Approval

Dear [Patient Name],

This letter is to remind you of your upcoming follow-up examination scheduled for:

Date: [Date of Appointment]
Time: [Time of Appointment]
Location: [Clinic/Department Name]

We are pleased to inform you that we have successfully obtained the necessary pre-authorization from your insurance provider for this visit. Your authorization number is: [Authorization Number].

Please remember to bring the following to your appointment:

- A valid photo ID
- Your current insurance card
- A list of any current medications

If you need to reschedule or cancel your appointment, please contact our office at [Phone Number] at least 24 hours in advance to avoid any cancellation fees.

We look forward to seeing you soon.

Sincerely,

[Provider Name/Practice Name]
[Contact Phone Number]