[Date]

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

Subject: Reminder: Your Approved Preventive Screening Appointment

Dear [Patient Name],

This is a reminder regarding your upcoming preventive screening appointment for: **[Name of Procedure/Screening]**.

We are pleased to inform you that your insurance provider, [Insurance Company Name], has officially pre-authorized this service. Your authorization number is: [Authorization Number].

Appointment Details:

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Location:** [Facility Name/Department]
- **Provider:** [Doctor/Provider Name]

Important Instructions:

[Insert specific preparation instructions here, such as fasting or arrival time]. Please remember to bring your insurance card and a valid photo ID to your appointment.

Preventive screenings are essential for maintaining your long-term health. If you need to reschedule or have any questions regarding your preparation, please call us at [Phone Number] at least [24/48] hours in advance.

We look forward to seeing you.

Sincerely,

[Name of Staff/Department]
[Clinic/Hospital Name]
[Contact Information]