

SAMPLE

[Your Name/Title]
[Primary Healthcare Provider's Name]
[Primary Healthcare Provider's Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]
[Date]

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

Dear [Patient's Name],

I hope this letter finds you well. I am writing to inform you that we have made a referral on your behalf to [Specialist's Name/Referral Provider] for further evaluation and/or treatment related to [reason for referral].

Your health and well-being are our primary concern, and we believe that consulting with [Specialist's Name/Referral Provider] will provide you with the specialized care and expertise needed to address your healthcare needs effectively.

Attached is an APPROVED copy of the authorization, which includes the specialist's name/ Type of care/ location and phone number as well as the authorization Number. **It is important that you follow through with this appointment to ensure continuity of care and to address any concerns or questions you may have regarding your health. IT IS VERY IMPORTANT FOR YOU TO CALL US AT [PHONE NUMBER] AFTER YOU SCHEDULE YOUR APPOINTMENT WITH THE SPECIALIST TO PROVIDE YOUR APPOINTMENT DATE AND TIME.**

If you have any questions or need further assistance regarding this referral, please do not hesitate to contact our office at [clinic Phone Number]. We are here to support you throughout this process and ensure that you receive the best possible care.

Thank you for entrusting us with your healthcare needs. We look forward to your continued progress and improvement.

Warm regards,

[Your Name]
[Your Position/Title]