

**SAMPLE Prior Approval Confirmation Letter**

Health Canada / Santé Canada

FROM: XXXXXXXXXXXXXXXXXXXX-50-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXXXXXXXXXXX-50-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXXXXXXXXXXX-50-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
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 XXXXXXXXXXXX-35-XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
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 XXXX-35-XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
 XXXXXX-35-XXXXXXXXXXXXXXXXXXXXXXXXXXXX, XX XXXXXX

HC PROTECTED

999999

APPROVAL DATE: DD/MM/CCYY

TO: XXXXX-30-XXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXXX-35-XXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXXX-35-XXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXXX-35-XXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXXX-35-XXXXXXXXXXXXXXXXXXXX, XX  
 A9A 9A9

DEAR SIR / MADAM:

RE: CONFIRMATION OF PRE APPROVAL

CLIENT ID : XXX-10-XXX  
 SURNAME : XXXXXXX-30-XXXXXXXXXXXXXXXXXXXX  
 GIVEN NAME : XXXXXXX-30-XXXXXXXXXXXXXXXXXXXX  
 BAND # : XXX  
 FAMILY # : XXXXX  
 DATE OF BIRTH : DD/MM/CCYY  
 PARENT ID. : XXX-10-XXX

THIS IS TO CONFIRM THAT PRIOR APPROVAL NUMBER XX-8-XXX HAS BEEN ISSUED FOR THE PROVISION OF THE FOLLOWING ITEM(S), EXCEPT WHERE INDICATED:

ITEM CODE	ITEM NAME	QUANTITY	UNIT COST	FEE	REFILL #	MARKUP	THIRD PARTY	TOTAL APPROVED	START DATE	EXPIRY DATE	MIN QTY PER CLAIM	
99	XXXXXXXX	XXXXX-15-XXXXXX	XXXXX	9,999.99	9,999.99	99	9,999.99	9,999.99	9,999.99	DD/MM/CCYY	DD/MM/CCYY	XXXXX
99	XXXXXXXX	XXXXX-15-XXXXXX	XXXXX	9,999.99	9,999.99	99	9,999.99	9,999.99	9,999.99	DD/MM/CCYY	DD/MM/CCYY	XXXXX
99	XXXXXXXX	XXXXX-15-XXXXXX	XXXXX	9,999.99	9,999.99	99	9,999.99	9,999.99	9,999.99	DD/MM/CCYY	DD/MM/CCYY	XXXXX
99	XXXXXXXX	XXXXX-15-XXXXXX	XXXXX	NIHB	PRICING	99		###	DD/MM/CCYY	DD/MM/CCYY	XXXXX	
99	XXXXXXXX	XXXXX-15-XXXXXX	XXXXX	9,999.99	9,999.99	99	9,999.99	9,999.99	9,999.99	DD/MM/CCYY	DD/MM/CCYY	XXXXX
99	XXXXXXXX	XXXXX-15-XXXXXX	XXXXX	9,999.99	9,999.99	99	9,999.99	9,999.99	9,999.99	DD/MM/CCYY	DD/MM/CCYY	XXXXX
99	XXXXXXXX	XXXXX-15-XXXXXX	XXXXX	9,999.99	9,999.99	99	9,999.99	9,999.99	9,999.99	DD/MM/CCYY	DD/MM/CCYY	XXXXX
99	XXXXXXXX	XXXXX-15-XXXXXX	XXXXX	9,999.99	9,999.99	99	9,999.99	9,999.99	9,999.99	DD/MM/CCYY	DD/MM/CCYY	XXXXX
99	XXXXXXXX	XXXXX-15-XXXXXX	XXXXX	9,999.99	9,999.99	99	9,999.99	9,999.99	9,999.99	DD/MM/CCYY	DD/MM/CCYY	XXXXX
99	XXXXXXXX	XXXXX-15-XXXXXX	XXXXX	NIHB	PRICING	99		###	DD/MM/CCYY	DD/MM/CCYY	XXXXX	

NOTE: Items have been approved for the NIHB pricing in effect on the claim service date.

GENERAL COMMENTS

XXXXXXXXXXXXXXXXXXXX-60-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XX  
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XX  
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XX

PLEASE QUOTE PRIOR APPROVAL NUMBER ON YOUR CLAIM SUBMISSION.

SAMPLE