

# Inquiry for Medical Coding Verification

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient Name]

[Recipient Title]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

I hope this letter finds you well. I am writing to inquire about the verification of medical coding for the services rendered on [date of service] for [patient name or ID]. It is important for us to ensure the accuracy and compliance of the codes used for billing and documentation purposes.

Could you please provide the coding details for this case, including any applicable guidelines or regulations that were followed? This information is vital for our records and will aid in our continuous improvement efforts.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]