

Request for Medical Coding Accuracy Review

Recipient Name

Recipient Title

Organization Name

Organization Address

City, State, Zip Code

Date: [Insert Date]

Dear [Recipient Name],

I am writing to formally request a review of the accuracy of the medical coding applied to patient records from [specific time period or case numbers].

As part of our commitment to ensuring the highest standards of patient care and reimbursement processes, it is essential that we consistently validate our medical coding practices. A review will help to identify any discrepancies and ensure compliance with coding guidelines.

Please let us know a convenient time for your team to conduct this review. If you require any additional information or documentation, do not hesitate to reach out.

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

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]