

Insurance Information for Physical Therapy Appointment

Date: [Insert Date]

To Whom It May Concern,

This letter serves to provide the necessary insurance information for [Patient's Name] regarding their upcoming physical therapy appointment scheduled for [Appointment Date].

Patient Information

Patient's Name: [Patient's Name]

Date of Birth: [Patient's Date of Birth]

Patient ID: [Patient ID]

Insurance Information

Insurance Provider: [Insurance Provider Name]

Policy Number: [Policy Number]

Group Number: [Group Number]

Insurance Phone Number: [Insurance Phone Number]

Appointment Details

Date of Appointment: [Appointment Date]

Location: [Physical Therapy Clinic Name and Address]

Please contact our office if you need any further information or documentation regarding this matter.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]