

Follow-Up on Scoliosis Screening

Date: [Insert Date]

[Health Insurance Provider Name]

[Provider Address]

[City, State, ZIP Code]

Subject: Scoliosis Screening Follow-Up for [Patient Name]

Dear [Insurance Provider Contact Name],

This letter serves as a follow-up to the recent scoliosis screening conducted on [Date of Screening] for our patient, [Patient Name], [Patient Date of Birth]. Following the results of the screening, it has been determined that further evaluation and potential treatment may be necessary.

The screening results indicated [briefly describe findings, e.g., "an abnormal curvature of the spine that requires additional diagnostic imaging"]. In order to proceed with appropriate care, we are requesting authorization for the following:

- [Procedure 1: e.g., X-ray or MRI]
- [Procedure 2: e.g., consultations, bracing options, etc.]

We appreciate your prompt attention to this matter as it is crucial for the ongoing health and well-being of our patient. Please let us know if you require any additional information or documentation to facilitate this request.

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Title]

[Your Practice/Clinic Name]

[Contact Information]