

Sleep Study Results

Date: [Insert Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Re: Patient Name: [Patient's Full Name]

Insurance Policy Number: [Insurance Policy Number]

Claim Number: [Claim Number]

Dear [Insurance Adjuster's Name],

We are writing to provide the results of the sleep study conducted on [Study Date] for [Patient's Full Name], who has been under our care for evaluation of sleep-related disorders.

The polysomnography revealed the following findings:

- A diagnosis of [Diagnosis, e.g., Obstructive Sleep Apnea]
- AHI (Apnea-Hypopnea Index): [Value]
- Oxygen Desaturation Levels: [Value]

Based on these results, we recommend the following treatment options:

- [Treatment Option 1, e.g., CPAP Therapy]
- [Treatment Option 2, e.g., Dental Appliances]

We believe that these treatments are medically necessary and recommend prompt approval for coverage under [Patient's Full Name]'s health plan.

If you require any further information or clarification regarding this case, please do not hesitate to contact our office at [Office Phone Number].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Institution/Practice Name]

[Your Contact Information]