

Medical Procedure Report Request

Date: [Insert Date]

To: [Billing Department/Insurance Provider]

From: [Your Name]

[Your Position]

[Your Organization]

[Your Contact Information]

Subject: Request for Medical Procedure Report for Billing Review

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request the medical report related to the procedure conducted on [Patient's Name] on [Date of Procedure]. This documentation is necessary for our review and to ensure accurate medical billing.

The details of the procedure are as follows:

- Patient ID: [Insert Patient ID]
- Procedure Code: [Insert Procedure Code]
- Provider Name: [Insert Provider Name]

Please send the requested report to my attention at your earliest convenience. If there are any forms or additional information required for processing this request, do not hesitate to let me know.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Organization]