Telemedicine Consultation Verification

Date: [Insert Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Contact Name],

This letter is to verify a telemedicine consultation that took place on [Insert Consultation Date] for the patient, [Patient's Name], with the following details:

- **Patient ID:** [Insert Patient ID]
- **Provider Name:** [Insert Provider Name]
- **Consultation Code:** [Insert CPT Code]
- **Duration of Consultation:** [Insert Duration]

The consultation was conducted via [Insert Telemedicine Platform] and focused on [Briefly describe the purpose of the consultation]. All necessary protocols were followed to ensure compliance with telehealth regulations.

Please feel free to contact me at [Your Contact Information] if you require any additional information or documentation regarding this consultation.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Practice Name]

[Your Practice Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]