

Insurance Information Submission for Physical Therapy

Date: [Insert Date]

To:

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Dear Claims Processor,

I am writing to submit my insurance information regarding physical therapy services I recently received. Below are the details required for processing my claim:

- **Patient Name:** [Insert Patient Name]
- **Patient Date of Birth:** [Insert DOB]
- **Insurance Policy Number:** [Insert Policy Number]
- **Group Number:** [Insert Group Number]
- **Date of Service:** [Insert Date of Service]
- **Provider Name:** [Insert Provider's Name]
- **Provider NPI Number:** [Insert NPI Number]

Attached are copies of the relevant documents, including the treatment plan and invoices.

Please let me know if you need any additional information to process this claim. I appreciate your prompt attention to this matter.

Thank you.

Sincerely,

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Phone Number]

[Your Email Address]