

# Out-of-Network Documentation Request

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Recipient's Organization]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request documentation related to out-of-network services provided to [Patient's Name] under policy number [Policy Number]. This information is necessary for us to process the claim and determine coverage benefits.

Specifically, we are looking for the following documentation:

- Explanation of Benefits (EOB)
- Invoices and Receipts
- Detailed Treatment Records
- Any Correspondence Related to the Claim

We appreciate your prompt attention to this matter. If you require any additional information or if there are any forms to fill out, please let me know at your earliest convenience.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Phone Number]

[Your Email Address]