

# Healthcare Audit Confirmation Request

Date: [Insert Date]

[Your Name]

[Your Position]

[Your Organization]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Position]

[Recipient's Organization]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to request your assistance in the upcoming healthcare audit scheduled for [Insert Audit Dates]. As part of this process, we require confirmation of the following information:

- Details on patient care services provided during the audit period
- Documentation regarding compliance with healthcare regulations
- Any other relevant financial or operational data

Please provide the requested information by [Insert Deadline]. Should you have any questions or require further details, do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter. We appreciate your cooperation.

Sincerely,

[Your Name]

[Your Position]

[Your Organization]