

Patient Referral Acknowledgment

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Subject: Patient Referral Acknowledgment for Insurance Purposes

Dear [Insurance Company Representative's Name],

This letter serves as acknowledgment of the referral for our patient, **[Patient's Full Name]**, who was referred to **[Specialist's Name or Department]** on **[Referral Date]**.

Patient Details:

- **Date of Birth:** [Patient's Date of Birth]
- **Policy Number:** [Patient's Insurance Policy Number]
- **Case Number:** [Case Number, if applicable]

We kindly request assistance with processing this referral for insurance coverage. If you require further information or documentation, please do not hesitate to contact us at **[Your Contact Information]**.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Practice/Organization Name]

[Your Contact Information]