

Part B Insider (Multispecialty) Coding Alert

Sample Letter For Confirmation Of Consultations

Dear Dr,	
It is our understanding that you have requested Dr.	to perform a consultation on your patient,
, for the following condition, symptoms	or problem: We
have appointed this patient on (date and time)	. Please forward any necessary medical
records to our office that you believe are pertinent for the eval	uation of this patient's condition.
If our information is incorrect, please notify us as soon as possi will forward you his/her opinion regar	ible so that we may make the necessary changes. Dr. ding this patient as soon as possible following the
appointment.	
Thank you, Source: Pati Trites, Healthcare Compliance Resources, www.co	mplianceresources com