

Date: [Insert Date]

To: [Provider Name]

Facility: [Facility Name]

Address: [Provider Address]

RE: Request for Signature and Supporting Clinical Documentation

Patient Name: [Patient Name]

Date of Birth: [DOB]

Date of Service: [DOS]

Claim/Reference Number: [Number]

Dear [Provider Name],

We are writing to request missing documentation required to complete the processing of a medical claim for the above-referenced patient.

Our records indicate that the following items are required:

- **Provider Signature:** The clinical note dated [Date] is missing a valid handwritten or electronic signature.
- **Clinical Documentation:** Please provide the complete office visit notes, diagnostic results, and/or treatment plans associated with the date of service listed above.

Please ensure that all submitted documents are legible and include the provider's credentials. You may return the requested documentation via fax to [Fax Number] or by mail to the address listed below.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Organization Name]

[Your Phone Number]

[Your Email/Address]