

[Physician Name/Clinic Name]
[Clinic Address]
[Phone Number]
[Date]

RE: Clarification of Preventive Intent

Patient Name: [Patient Name]
Date of Birth: [DOB]
Date of Service: [Date of Visit]

To Whom It May Concern,

I am writing to clarify the clinical intent of the medical encounter for the above-referenced patient on [Date of Visit].

This visit was scheduled and performed as a **preventive wellness examination**. The primary objective of the encounter was to provide age-appropriate screening, counseling, and risk factor reduction interventions as defined by the Affordable Care Act (ACA) and current preventive service guidelines.

While specific health concerns or chronic conditions may have been reviewed during the session, these discussions were incidental to the preventive purpose of the visit. Any diagnostic codes or additional procedures documented were addressed within the context of a comprehensive wellness evaluation.

As such, this visit should be processed under the patient's preventive care benefits. If further documentation or a corrected claim is required to ensure appropriate coverage, please contact our billing department at [Phone Number].

Sincerely,

[Physician Signature]
[Physician Name, Title]
[NPI Number]