

[Date]

[Recipient Name]

[Recipient Title/Department]

[Organization Name]

[Address line 1]

[Address line 2]

Subject: Identification of Independent Healthcare Provider

Dear [Recipient Name],

This letter serves to formally identify [Provider Name] as an independent healthcare provider currently providing services to [Patient Name].

Provider Details:

- **Full Name:** [Provider Full Name]
- **Professional Title:** [e.g., Physical Therapist, Consultant Physician]
- **License/Registration Number:** [Number]
- **National Provider Identifier (NPI):** [NPI Number]
- **Business Address:** [Provider Address]
- **Contact Number:** [Phone Number]

Please be advised that [Provider Name] operates as an independent practitioner and is not a direct employee of [Facility/Organization Name]. They are responsible for the clinical assessment, treatment planning, and direct care provided within their scope of practice for the aforementioned patient.

If you require further documentation regarding credentials, insurance coverage, or specific service agreements, please contact the provider's office directly at [Phone Number/Email].

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title]