[Your Name/Organization Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Date]

[Insurance Company Name]
[Claims Department Address]
[City, State, Zip Code]

RE: Claim Substantiation / Clinical Documentation Submission

Patient Name: [Patient Full Name]
Date of Birth: [MM/DD/YYYY]
Policy/Member ID: [ID Number]
Claim Number: [Claim Number (if applicable)]
Date of Service: [Date of Service]

To Whom It May Concern,

I am writing to provide the clinical documentation necessary to substantiate the claim referenced above. Following your request for additional information, please find the enclosed clinical chart notes for the specified date(s) of service.

The enclosed records include:

- Progress notes and clinical summaries
- Diagnostic results (if applicable)
- Treatment plans and encounter details

These documents confirm the medical necessity of the services provided and support the coding billed on the claim. We trust this information will allow you to complete the processing and adjudication of this claim promptly.

Should you require any further information or clarification, please contact our office directly at [Phone Number].

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title/Role]

Enclosures: Clinical Chart Notes