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

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

RE: Submission of Operative Reports for Claim Substantiation

Patient Name: [Patient Full Name]
Date of Birth: [MM/DD/YYYY]
Policy Number: [Member ID/Policy Number]
Claim Number: [Claim Number]
Date of Service: [Date of Procedure]

To Whom It May Concern,

This letter is in response to your request for additional clinical documentation regarding the above-referenced claim. Please find the enclosed operative report(s) for the procedure performed on [Date of Service].

The enclosed documentation includes:

- Detailed Operative Note(s)
- Pre-operative and Post-operative Diagnosis
- Procedure Description and Findings
- [List any additional documents, e.g., Pathology Reports]

This information is being provided to substantiate the medical necessity of the services rendered and to facilitate the final adjudication of this claim. The procedures performed were coded as follows: [Insert CPT/HCPCS Codes].

Should you require any further information or have additional questions, please contact our office at [Your Phone Number]. We look forward to a timely resolution of this claim.

Sincerely,

[Your Signature]
[Your Printed Name/Title]
[NPI Number]

Enclosures: Operative Report(s)