[Sender's Name]
[Sender's Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Recipient's Name/Insurance Company]
[Claims Department Address]
[City, State, Zip Code]

RE: Patient Intake and Consent Forms for Claim Substantiation
Patient Name: [Patient Name]
Date of Birth: [DOB]
Policy/Claim Number: [Claim Number]

To Whom It May Concern,

I am writing to provide the necessary documentation required to substantiate the medical claim referenced above.

Enclosed with this letter, please find copies of the following documents:

- Completed Patient Intake Forms
- Signed Informed Consent for Treatment
- [List any other relevant documents, e.g., HIPAA Release]

These documents verify the patient's registration, the scope of services provided, and the formal authorization for treatment. We trust this information will allow you to complete the processing of this claim.

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

Sincerely,

[Signature]

[Typed Name]
[Title/Organization]

Enclosures: [Number of pages/documents enclosed]