[Date]

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

RE: Claim Substantiation and Progress Notes

Patient Name: [Patient Full Name]
Claim Number: [Claim Number]
Policy/ID Number: [Policy Number]
Date of Birth: [DOB]
Date of Injury/Onset: [Date]

To Whom It May Concern,

Please find the enclosed physical therapy progress notes and clinical documentation for the above-referenced patient. These records are being submitted to substantiate the medical necessity of the treatment provided from [Start Date] to [End Date].

The enclosed documentation includes:

- Initial Evaluation and Treatment Plan
- Daily SOAP notes and treatment logs
- Objective functional measurements and progress toward goals
- Current functional status and updated prognosis

The patient is currently receiving treatment for [Diagnosis/Condition]. Continued therapy is required to address [Specific Deficits, e.g., range of motion, strength, or mobility] and to restore the patient to their previous level of function.

If you require any further information to process this claim, please contact our office at [Phone Number] or via email at [Email Address].

Sincerely,

[Provider Signature]

[Provider Name, Title]
[Facility Name]
[NPI Number]

Enclosures: Physical Therapy Progress Notes