[Your Name/Organization Name]
[Address Line 1]
[Address Line 2]
[Phone Number]
[Email Address]

[Date]

[Custodian of Records/Billing Department]
[Facility Name]
[Address Line 1]
[Address Line 2]

**RE: Formal Billing Audit and Request for Records**

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Patient Account Number: [Account Number]
Date(s) of Service: [Start Date] to [End Date]

To Whom It May Concern,

I am writing to formally request a comprehensive billing audit and a complete copy of the itemized billing statements and corresponding clinical records for the physical therapy and rehabilitation services provided to the above-named patient during the specified period.

Please provide the following documentation:

- Detailed Itemized Statement showing all CPT codes, HCPCS codes, and units billed.
- A complete breakdown of charges, adjustments, and payments received.
- Physical Therapy Evaluation and Re-evaluation reports.
- Daily Treatment Notes (SOAP notes) for every date of service billed.
- Flow sheets or exercise logs detailing specific activities performed.
- Initial Plan of Care and signed Physician Certifications.
- Discharge Summary (if applicable).

This request is made to ensure that all billed units of "Timed Codes" (e.g., Therapeutic Exercise, Manual Therapy, Neuromuscular Re-education) are accurately supported by the total treatment time documented in the clinical record, in accordance with the CMS 8-Minute Rule or AMA coding guidelines.

Attached is the signed HIPAA-compliant Authorization for Release of Information. If there is a fee for duplicating these records, please notify me in advance.

Please deliver these records to the address listed above within [Number] days of receipt of this letter.

Sincerely,

[Your Signature]

[Your Printed Name]
[Title, if applicable]