

[Date]

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

**RE: Compliance Submission for Complete Medical Chart Audit**

**Provider Name:** [Provider Name]  
**Provider NPI:** [NPI Number]  
**Audit Reference Number:** [Audit/Reference ID]  
**Date of Request:** [Date on Request Letter]

To Whom It May Concern,

In response to your request dated [Date of Request], please find the enclosed medical records and supporting documentation for the audit of the following patient(s):

- [Patient Name 1] - [DOB] - [DOS] - [Policy #]
- [Patient Name 2] - [DOB] - [DOS] - [Policy #]
- [Patient Name 3] - [DOB] - [DOS] - [Policy #]

The enclosed files constitute the complete medical chart for the specified dates of service, including but not limited to:

- Patient Intake and History forms
- Clinical Progress Notes and SOAP Notes
- Diagnostic Test Results and Imaging Reports
- Treatment Plans and Referrals
- Prescription Logs and Medication Records
- Signed Consent and HIPAA Acknowledgment Forms

This information is being submitted in compliance with [State/Federal] regulations and our provider agreement. We have taken all necessary steps to ensure the records are accurate, legible, and organized for your review.

Should you require additional information or clarification regarding these records, please contact our Compliance Officer, [Name], at [Phone Number] or via email at [Email Address].

Please acknowledge receipt of these documents.

Sincerely,

[Signature]  
[Printed Name]

[Title]

[Facility/Practice Name]