[Date]

[Claimant Name]
[Claimant Address]
[City, State, Zip Code]

Re: Confirmation of Independent Medical Examination (IME)

Dear [Claimant Name],

This letter is to confirm your scheduled Independent Medical Examination. The details of the appointment are as follows:

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Physician:** [Doctor's Full Name]
- **Specialty:** [Medical Specialty]
- **Location:** [Facility Name and Full Address]

Please arrive at least [15/30] minutes prior to your scheduled time to complete any necessary paperwork. You are required to bring a form of photo identification and any relevant medical imaging (X-rays, MRIs, or CT scans) currently in your possession.

The purpose of this examination is to provide an independent evaluation of your current medical status. The examining physician will not be providing ongoing treatment or prescriptions.

If you are unable to attend this appointment, please contact our office at [Phone Number] no later than [Number] hours before the scheduled time to avoid any cancellation fees or delays in your claim processing.

Sincerely,

[Your Name/Signature]
[Title]
[Company Name]