

[Your Name]
[Your Title/Position]
[Your Organization/Practice Name]
[Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Recipient's Title/Position]
[Recipient's Organization]
[Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Confirmation of DX Code

I am writing to confirm the diagnosis code associated with [Patient's Name], [Patient's ID or Date of Birth], for the condition of [Condition/Diagnosis].

The confirmed DX codes are as follows:

- [DX Code 1]: [Description]
- [DX Code 2]: [Description]

Please find attached any further documentation or information that supports this confirmation.

Should you require additional details or clarifications, please do not hesitate to reach out.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Title/Position]
[Your Organization/Practice Name]