

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient Name]
[Recipient Title]
[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Subject: DX Code Submission for [Patient's Name]

Dear [Recipient Name],

I hope this letter finds you well. I am writing to submit a diagnosis code for [Patient's Name], whose medical records are attached for your review.

Patient Information:

- Patient Name: [Patient's Name]
- Date of Birth: [Patient's DOB]
- Policy Number: [Patient's Policy Number]

Diagnosis Code: [Insert ICD-10 Code]

Description: [Brief Description of the Diagnosis]

This submission is in accordance with the requirements for [specific claim type or procedure], and I have provided all necessary documents to support this claim.

Please let me know if you require any further information or clarification regarding this submission. I look forward to your prompt attention to this matter.

Thank you for your assistance.

Sincerely,

[Your Name]
[Your Title/Position]
[Your Practice/Facility Name]
[Your Contact Information]