

[Your Clinic/Practice Letterhead]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: EHR Verification Letter for Insured Patients

Dear [Insurance Company Contact Name],

We are writing to confirm the electronic health record (EHR) details of our patients who are insured under your plan. Please find the necessary information below:

****Patient Information:****

1. ****Patient Name:**** [Patient's Full Name]

****Date of Birth:**** [Patient's DOB]

****Insurance ID:**** [Patient's Insurance ID]

****Policy Number:**** [Patient's Policy Number]

****Treatment Date:**** [Date of Service]

2. ****Patient Name:**** [Patient's Full Name]

****Date of Birth:**** [Patient's DOB]

****Insurance ID:**** [Patient's Insurance ID]

****Policy Number:**** [Patient's Policy Number]

****Treatment Date:**** [Date of Service]

(Repeat as necessary for additional patients)

This letter serves to verify the information contained in our EHR system regarding the patients listed above for the purpose of ensuring accurate billing and claims processing. If you require any further information or documentation, please do not hesitate to contact us.

Thank you for your attention to this matter.

Sincerely,

[Your Full Name]

[Your Title]

[Your Clinic/Practice Name]

[Phone Number]

[Email Address]