

[Your Company Letterhead]

[Date]

[Recipient's Name]

[Recipient's Title]

[Company/Organization Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Certification of JZ Modifier

We hereby certify that [Employee's Name or Provider's Name], affiliated with [Your Company/Organization Name], has successfully completed the required training and assessment related to the JZ modifier.

The JZ modifier is applicable to [briefly describe the purpose of the JZ modifier and its significance]. Our training program covered [list topics or areas of training related to the JZ modifier].

This certification confirms that [Employee's Name or Provider's Name] possesses the necessary knowledge and skills to appropriately apply the JZ modifier in compliance with the relevant guidelines and regulations. Should you require any further information or verification, please do not hesitate to contact us at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Name]

[Your Title]

[Your Company/Organization Name]

[Your Contact Information]