

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

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

Subject: Medical Certificate for Insurance Claim

To Whom It May Concern,

I, Dr. [Physician's Name], am writing to provide a medical certificate for my patient [Patient's Name], who was under my care from [Start Date] to [End Date].

Diagnosis: [Specify Diagnosis]

Treatment: [Outline Treatment Provided]

Follow-up Care: [Mention any follow-up necessary or ongoing treatment required]

Based on my evaluation, I confirm that [Patient's Name] was unable to perform their usual duties from [Start Date] to [End Date] due to their medical condition.

Should you require any further information, please do not hesitate to contact my office at [Physician's Phone Number] or [Physician's Email Address].

Sincerely,

[Physician's Signature]
[Physician's Name]
[Medical License Number]
[Practice Name]
[Practice Address]
[City, State, Zip Code]
[Phone Number]