

**\*\*Insurance Policy Template: JZ Modifier Letter\*\***

[Your Insurance Company Name]

[Company Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Date]

[Policyholder's Name]

[Policyholder's Address]

[City, State, Zip Code]

**\*\*Subject: Notification of JZ Modifier Application on Policy [Policy Number]\*\***

Dear [Policyholder's Name],

We hope this message finds you well. We are writing to inform you about the application of a JZ modifier regarding your insurance policy. This modifier may impact your coverage, and we would like to provide you with the details.

**\*\*Policy Details:\*\***

- Policy Number: [Policy Number]

- Effective Date: [Effective Date]

- JZ Modifier Description: [Brief description of the JZ modifier and its implications]

Please review the information above and feel free to reach out if you have any questions or need further clarification. Our dedicated customer service team is here to assist you.

Thank you for choosing [Your Insurance Company Name].

Sincerely,

[Your Name]

[Your Job Title]

[Your Insurance Company Name]