

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

[Recipient Name]
[Company/Organization Name]
[Address]

[City, State, Zip Code]

Dear [Recipient Name],

Subject: JZ Modifier Request

I hope this letter finds you well. I am writing to formally request the use of the JZ modifier for [specific situation or service], which I believe is essential for the accurate billing and processing of [patient's name or account number, if applicable].

Details of the request are as follows:

- **Service Date:** [Date of service]
- **Patient Name:** [Patient's name]
- **Claim Number:** [Claim number]
- **Description of Service:** [Brief description of the service]
- **Reason for JZ Modifier:** [Explain rationale for JZ modifier request]

I appreciate your attention to this matter and look forward to your prompt response. Should you need any further information or documentation to assist with this request, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Typed Name]

[Your Position, if applicable]

[Your Company Name, if applicable]