

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

[Recipient's Name]
[Recipient's Title]
[Recipient's Organization]
[Recipient's Address]
[City, State, Zip Code]

Subject: Notification of JZ Modifier Application

Dear [Recipient's Name],

I hope this message finds you well.

I am writing to formally notify you regarding the application of the JZ modifier for [specific service provided or case identifier] that occurred on [date of service]. The JZ modifier is applied to indicate that the service provided was not deemed medically necessary.

Details of the Service:

- Patient Name: [Patient's Name]
- Patient ID: [Patient ID]
- Date of Service: [Date]
- Description of Service: [Description]
- Invoice/Billing Reference: [Reference Number]

Please update your records accordingly. If additional information or clarification is needed, feel free to contact me at [your phone number] or [your email address].

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Title]
[Your Organization]