

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

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

Dear [Recipient Name],

Subject: Request for Documentation of Oxygen Concentrator

I hope this letter finds you well. I am writing to request the necessary documentation regarding the oxygen concentrator prescribed for me. This equipment is vital for my treatment, and proper documentation is required for my insurance coverage.

Patient Information:

- Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Medical Record Number: [Your Medical Record Number]

Details of Oxygen Concentrator:

- Prescription Date: [Date of Prescription]
- Equipment Type: Oxygen Concentrator
- Prescribing Physician: [Physician's Name]

I would appreciate it if you could provide the following documentation:

1. A copy of the prescription for the oxygen concentrator.
2. Medical necessity justification letter.
3. Equipment specifications, including model and serial number.

Please feel free to contact me at [Your Phone Number] or via email at [Your Email Address] if you require any additional information or clarification.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]