

[Your Name]  
[Your Title]  
[Your Organization]  
[Address]  
[City, State, ZIP Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient's Name]  
[Recipient's Title]  
[Recipient's Organization]  
[Address]  
[City, State, ZIP Code]

Dear [Recipient's Name],

Subject: Utilization Review for Oxygen Therapy

I hope this letter finds you well.

This correspondence serves as a formal request for a utilization review regarding the oxygen therapy treatment provided to [Patient's Name], [Patient's ID/Date of Birth]. The objective of this review is to assess the medical necessity and appropriateness of the ongoing therapy as per the clinical guidelines and standards of care.

Patient Information:

- Name: [Patient's Name]
- Diagnosis: [Diagnosis]
- Therapy Start Date: [Start Date]
- Current Treatment Plan: [Details of the therapy being provided]

Clinical Justification:

[Provide a brief overview of the patient's medical condition, current treatment outcomes, and any relevant clinical data supporting the need for continued oxygen therapy.]

Supporting Documents:

Enclosed, please find the following documentation to assist with the review:

1. Clinical notes
2. Treatment progress reports
3. Relevant lab and imaging studies
4. Previous utilization review outcomes

We appreciate your attention to this matter and look forward to your prompt response. Please do not hesitate to reach out should you require additional information or clarification.

Thank you for your cooperation.

Sincerely,

[Your Name]  
[Your Title]  
[Your Organization]  
[Enclosures: List of documents]