



***DOCUMENT OVERVIEW:** This document may be used as a tool in reimbursement negotiations between practices and participating insurance companies.*

[date]

[inside address]

To Whom It May Concern:

I am with [name of practice]. We have been unable to locate the fee allowables for the following CPT™ codes in our files [—].\* I would be very grateful if you could forward this information to me. Our fax number is [fax number] and our email address is [email].

Thank you for your assistance.

Sincerely,

[name]

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