Jane Doe, MD/DO/PsyD/PhD/LICSW/ARNP/etc.

Address 1

Address 2

Address 3

(xxx) yyy-zzzz

To Centers for Medicaid and Medicare,

I have been asked to provide this information for my patient, <Patient's Name>.

I am not a Medicare provider, and do not wish to become a provider. I will be providing <Patient> with a bill so that <S/he> can submit it to you for reimbursement.

Respectfully,

Jane Doe, MD/DO/PsyD/PhD/LICSW/ARNP/etc.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date