



Health Services, LLC / **Store Location** / **Store Phone #**

DATE

RE – Insurance

Dear Dr XXXXX

PATIENT NAME was seen in my office for a complete hearing evaluation. **PATIENT NAME** insurance company is requiring a RX to confirm my findings to proceed with the benefit available.

Please see attached Audiogram and fax RX to 208-912-0448

Thank you in advance for all you and your staff do. If you have any questions or concerns, please feel free to contact me.

STAFF NAME
PHONE NUMBER