BRIGHT FUTURES 🚣 TOOL FOR PROFESSIONALS

Documentation for Reimbursement

Date
Attn: Case Manager Ins. Company
Re: [Name of child or adolescent; dob]
To whom it may concern,
I saw [name of child or adolescent] on [visit date] for [diagnosis].
This letter documents the components of the services provided and billed with the diagnosis code of
The following services were provided:
Parent conference regarding the diagnosis, etiology, management, and medical treatments of [diagnosis name]. This conference lasted approximately minutes.
Face-to-face visit with child or adolescent for additional discussion and initiation of therapy. This visit lasted approximately minutes.
Correspondence to the school [name of child or adolescent] attends.
Review of school records.
Phone consultation(s). These consultations lasted a total of approximately minutes.
Other:
Should you have any additional questions or wish these services to be coded in a different way, please contact in my office.
Thank you for your consideration.
Sincerely,
[Name of health professional]

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