



**PI Back Office**

# **FREE PI FORM**

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**SAMPLE PI Release Letter  
TO LIABILITY (FAULT-BASED) PAYERS IN  
UNREPRESENTED Cases**

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By Certified Mail, Article #: \_\_\_\_\_

[Date]

[Name and Address of Adjuster]

RE: **FINAL REPORT & MEDICAL DOCUMENTS;**

**OUR REQUEST THAT YOU ENTER ALL DIAGNOSES CODES / MAJOR  
HEALTHCARE FACTORS INTO YOUR ADJUSTING SYSTEM;**

**REMINDER OF YOUR PROMISE TO PROTECT OUR INTERESTS AT THE TIME  
YOU DISBURSE PROCEEDS**

Name of Your Insured:

Policy Number:

Claim Number:

Name of Our Patient:

Date of Auto Accident:

**DIAGNOSES CODES THAT APPLY IN THIS CASE:**

Dear [Adjuster]:

It's been a pleasure speaking with you regarding the above-referenced patient. I would like to personally thank you for your time in this matter. I appreciate your professionalism and courtesy working together with me to get the claims resolved.

As of this juncture, we have released the patient from care in this case. Attached please find a final report as well as other medical and billing documents relating to the patient's case.

**PLEASE NOTE – I HAVE TAKEN SPECIAL CARE IN THIS LETTER TO THOROUGHLY  
LIST THE APPLICABLE DIAGNOSES CODES WHICH APPLY. I WOULD ASK THAT YOU  
PLEASE RELY ON THIS LETTER AND MY FINAL REPORT, NOT JUST THE CLAIM  
FORMS, FOR THE LISTING OF SUCH CODES. I WOULD FURTHER ASK THAT YOU  
TAKE INTO ACCOUNT ALL SUCH DIAGNOSES CODES – AS WELL AS OTHER MAJOR  
HEALTHCARE FACTORS DESCRIBED IN MY MEDICAL DOCUMENTATION – DURING  
THE COURSE OF YOUR ASSESSMENT – MORE SPECIFICALLY, THAT YOU INPUT  
SUCH FACTORS INTO YOUR ADJUSTING SYSTEM AS PART OF YOUR ASSESSMENT.  
MY CONCERN IS THAT IF YOU DON'T ENTER ALL OF THESE CODES INTO YOUR**

**SYSTEM AS PART OF YOUR HANDLING OF OUR CLAIMS, IT WILL ONLY RESULT IN AN INACCURATE PROCESSING OF OUR BILLS. THANK YOU FOR YOUR ATTENTION TO THIS MATTER.**

Please understand that we have attempted to validate through our documentation (1) the fact that the patient was indeed injured as a result of the above-referenced accident, (2) the extent of the patient's injuries, and (3) the medical necessity of care. With respect to medical necessity of care, we rely on two different alternative methods for supporting our conclusions.

1. **The duration of the patient's care at our office falls well within the published Croft / ICAC Treatment Duration Guidelines.** Attached you will find a correlation document that documents the severity of the patient's spine sprain injuries and then correlates the severity with duration of care as set forth in the Croft / ICAC Treatment Duration Guidelines. As you will see, our care falls well within those Guidelines.
2. **Our medical documentation clearly shows that the patient was receiving functional improvement and/or reasonable relief of effects (e.g., pain) during the course of care.** We take great care at our office to document how the patient's treatment is providing functional improvement and/or reasonable relief of effects such as pain, and we feel that that patient gained significant benefit as a result of treatment received at our office.

Lastly, please recall that in previous telephone conversations – recorded and subsequently memorialized in writing by certified mail – your company had agreed to protect our interests at the time of settlement or disbursement of proceeds by honoring our assignment and/or statutory lien and sending payment directly to our office. We thank you for your prompt and direct payment of our bills.

Should you have any questions, please do not hesitate to contact our office. Again it's been a pleasure speaking with you about this case over the past few months.

Thank you for processing my request with care and diligence.

Sincerely,

[Provider's Name – typed]

[NAME OF YOUR FACILITY]

[Provider's Initials/Transcriptionist's initials]

- enc: \_\_\_ Final Report / Narrative  
\_\_\_ Correlation on Severity of the Injury to Croft / ICAC Treatment Guidelines  
\_\_\_ Certification as to Our Medical Documentation  
\_\_\_ Accident Intake Form  
\_\_\_ Initial Examination  
\_\_\_ Delayed Treatment Statement  
\_\_\_ Referral for an Independent Examination & Report  
\_\_\_ Referral for an Independent X-Ray Evaluation & Consultant's Report  
\_\_\_ Referral for an Independent CRMA & CRMA Report  
\_\_\_ Dynamic sEMG-ROM Report(s)  
\_\_\_ Interpretation of the DsEMG-ROM Report(s)  
\_\_\_ "The Merits of Blending Dynamic sEMG with Range of Motion Testing..."  
\_\_\_ Selected Chapters on DsEMG from AAPM Guides  
\_\_\_ "Soft Tissue Injury: Phases of Healing," Chiropractic Impact Report, 2/2013  
\_\_\_ Referral for an Independent Motion X-ray, Copy of the Video, and Motion X-ray Report  
\_\_\_ Referral for an Independent MRI & MRI Report  
\_\_\_ Re-Evaluation / Progress Report(s)  
\_\_\_ Assignment & UCC Lien Document Executed by the Patient  
\_\_\_ UCC Lien Acknowledgement  
\_\_\_ List of Charges

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