

SAMPLE LETTER TO PROVIDER
FOLLOW-UP ON AN OUTSTANDING PURCHASED/DELIVERY
ORDER

(Each Area should have a form letter to follow-up with their providers for outstanding purchase)

Date:

Name of Patient:

On _____ you were sent Purchase/Delivery Order No. _____ in the amount of
\$ _____, covering services provided on _____ to _____ for
_____.

To date, the completed claim has not been submitted for payment.

Please complete and return this form so that this account may be cleared from our records. If we do not receive a response by [enter a date], the obligation for these services will be canceled. Neither the patient or IHS will be responsible for these services.

If the form has been misplaced or the account has been covered by some other resource, please advise us so that appropriate action may be taken.

Sincerely yours,

(Authorized Individual)