

Sample Physician Query Form

Patient Name: _____

Patient Number: _____

Dates of Stay: _____

Medical Record Number: _____

Query Date: _____

Dear Dr. _____

In order to ensure that the reported codes best reflect your patient's condition, further clarification is required. Please consider the clinical presentation, workup and treatment for this patient and exercise your professional judgement when responding.

If you have any questions regarding this query, please contact:

_____ at _____

Email: _____

Coder's Name Coder's Phone # and email

Brief statement of need for query

Clinical indication for query

Question

Instructions to physician:

Document your response in the space
provided below then sign and date this form.

OR Write or dictate an addendum to the patient's
medical record

Physician's Signature Date

