August 5, 2024

Karl Young
Hillside Hospital
Hillside Lane, Chill City
kyoung@email.com

Raven Long
Prime Insurance Company
Garden Lane, Chill City
ravenlong@email.com

Dear Raven Long,

I am writing for my patient, Raymond Mutt, who has been in my care since July 15, 2024. As their physician, I have conducted a thorough assessment and determined that said patient is experiencing the medical condition/s listed below, which significantly impact/s the patient's ability to perform manual labor or other daily activities, thus meeting the definition of disability under the Americans with Disability Act.

List of medical condition/s:
1. Concussion
2. Fractured left arm
3. Lower back injury

I have attached relevant medical records, test results, and treatment plans supporting my assessment. The purpose of this letter is to request disability benefits claim from your insurance company for the aforementioned patient.

Should you require additional information or documentation, please do not hesitate to contact me at 1230495 or email at kyoung@email.com.

I appreciate your prompt attention to this matter.

Sincerely,

KYoung
Karl Young, MD