

Letter Of Medical Necessity

Patient Name:

To Whom It May Concern:

I am writing on behalf of my patient _____ to document the medical necessity of _____ for the treatment of _____.

This letter provides information about the patient's medical history and diagnosis and a statement summarizing my treatment rationale.

Patient's History and Diagnosis: (Include information here regarding the patient's condition and specific diagnosis. Also include the patient's history related to their condition)

Treatment Rationale: (Include information on the treatment up to this point, course of care and why the treatment/medication/equipment (item in question) is necessary and how you expect that it will help the patient.)

Duration: _____

Summary:

In summary _____ is medically necessary for this patient's medical condition. Please contact me if any additional information is required to ensure the prompt approval.

Sincerely,

NPI:

Date