

LETTER OF MEDICAL NECESSITY

___/___/___

RE: Reimbursement for Doula Services

Patient: _____

Date of Birth: ___/___/___

Diagnosis: _____

Group/Policy Number: _____

Policyholder: _____

Dear, _____

I am writing on behalf of my patient, _____, to document the medical necessity to treat their _____ with doula services. CPT 99499 (birthing) and/or 99501 and/or 99502/and or 59430 (postpartum).

This letter serves to document my patient's medical history and diagnosis and to summarize my treatment rationale. Please refer to any enclosures with this letter.

Summary of Patient's Medical History and Diagnosis:

_____ is ___ years old and was initially diagnosed with _____, on ___/___/___.

_____ has been in my care since ___/___/___.

In summary, doula services are medically necessary and reasonable to treat _____, and I ask you to please consider reimbursement of the doula services on _____ behalf. Please refer to the enclosed supporting documents for further details, and do not hesitate to call me at _____ if you have any questions or if you require additional information.

Thank you for your attention to this matter.
Sincerely,

Enclosures: _____

DOULA:
Jennfier A. Herman, FNTF, FSS, MCD, MCPD
Certified Birthing, Postpartum and Loss and Bereavement Doula

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