



EYEMKR, LLC

WWW.EYEMKR.COM

P: (530)565-6668

F: (530)285-8553

E: sparkle@eyemkr.com

Hey Doctor, thanks for helping us assist your patient!

Subject: Letter of Medical Necessity for your patient.

We are writing to inform you about a Letter of Medical Necessity (LMN) for your patient. The doctor's LMN is important for your patient to send to their insurance company.

At EYEMKR, LLC, we specialize in creating custom ocular prosthetics tailored to the unique needs of each patient, as well as routine maintenance, and other services regarding prosthetic eyes.

The Letter of Medical Necessity you provide will help your patient facilitate the process of obtaining insurance coverage for their prosthetic eye.

Please find attached a template to assist you in drafting your patients LMN.

Thank you for your kind attention.

Best,

Hannah & Dylan Bond
Ocularist
EYEMKR, LLC

Attached Template for LMN:

[Doctor's Letterhead]

[Doctor's Name]
[Doctor's Office]
[Doctor's Address]
[City, State, ZIP Code]
[Phone Number]
[Email Address]
[Date]

To Whom It May Concern,

Re: Letter of Medical Necessity for [Patient Name]
DOB: [Patient Date of Birth]
Insurance ID: [Insurance ID]

I am writing on behalf of my patient, [Patient Name], to request authorization for the provision of an ocular prosthetic, which is medically necessary for their health and well-being.

Medical History and Diagnosis:

[Patient Name] has been diagnosed with [Diagnosis], which necessitates the use of a custom ocular prosthetic.

Medical Necessity:

The ocular prosthetic is essential for the following reasons:

1. **Improved Aesthetics:** Enhances facial symmetry and appearance, which is crucial for psychological well-being and social interactions.
2. **Protection of Eye Socket:** Prevents the socket from shrinking and becoming misshapen, which can lead to further medical complications.
3. **Support of Remaining Structures:** The prosthetic eye will support the overall function and health of the remaining eye structures.

Proposed Treatment:

The treatment plan involves the fitting and customization of an ocular prosthetic by EYEMKR, LLC and routine maintenance, including bi-annual clean and polish services.

Summary:

Given [Patient Name]'s medical condition, the need of an ocular prosthetic is essential. This device will significantly enhance their quality of life. I strongly recommend approval of this request.

Thank you for your consideration.

Sincerely,

[Doctor's Signature]
[Doctor's Name], [Doctor's Credentials]
