

# Sample Letter of Medical Necessity

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Re:

Policy number:

Group number:

Subject: Intend to treat with

Dear

I am writing on behalf of my patient, \_\_\_\_\_, to request approval to treat \_\_\_\_\_ with \_\_\_\_\_ for \_\_\_\_\_. \_\_\_\_\_ is an FDA-approved \_\_\_\_\_ and will be procured \_\_\_\_\_.

This letter provides clinical history and rationale to support the use of \_\_\_\_\_ for the treatment of \_\_\_\_\_.

\_\_\_\_\_ is a \_\_\_\_\_-year-old \_\_\_\_\_ diagnosed with \_\_\_\_\_ by \_\_\_\_\_ and has been in my care since \_\_\_\_\_. My current treatment plan includes \_\_\_\_\_ has previously tried \_\_\_\_\_.

I believe treatment with \_\_\_\_\_ is medically necessary for \_\_\_\_\_ because \_\_\_\_\_.

Please promptly review the information that I have provided in order to authorize treatment with \_\_\_\_\_ and verify \_\_\_\_\_'s coverage for \_\_\_\_\_.

I can be reached at \_\_\_\_\_ or \_\_\_\_\_ if additional information is required for approval of this request.

Thank you for your immediate attention to this very important matter.

Sincerely,

**Enclosures** (suggested):

Prescribing Information

Photocopy of patient benefit card

Relevant medical records