



Sample letter of medical necessity

(The following letter is for example purposes only)

Date

To Whom it May Concern:

RE: John Doe (DOB)

Patient has been under my care since _____. Patient suffers from _____. Patient has been treated with numerous medications including_____. I feel this patient will benefit from an at-home treatment using the _____. His/her treatment must be continued for the next ____months with a frequency of __ times per week.

A home-based _____would be equally effective and offer positive economic benefits to both the patient and their insurance provider due to the fact that the patient requires a minimum of ____additional treatments at cost of _____ or a minimum course of treatment cost of____. A home-based unit would be significantly less expensive than the in-clinic costs. Since _____ is usually a life-long condition which requires long-term maintenance to prevent future flare-ups, the patient will most likely require _____ treatments for the rest of the patient's life to control their condition, which the patient would be able to do from their home. The manufacturer's devices have a similar effectiveness profile as the _____ units used in the _____ treatment center.

Therefore, I am recommending a _____ due to the device's ease of use, effectiveness and relative safety. I feel the patient is capable of operating the _____ and staying within prescribed exposure times.

Sincerely,

Doctor,