

# LETTER OF MEDICAL NECESSITY

DATE

Recipient Name  
Position  
Department  
Insurer Company Name  
Street address  
City, State Zip Code

**Re: [Patient name]**  
**DOB: [Insert Patient's Date of Birth]**  
**Policy Number: [Insert Patient Policy Number]**  
**Claim Number: [Insert Patient Claim Number]**

Dear Mr./Mrs./Ms. [Recipient's last name]

This is to document the medical necessity to treat [name of patient] for [diagnosis] with [product/service name]

This letter summarizes the patient's medical history and diagnosis, as well as the treatment plan.

## **Patient's Medical History and Diagnosis**

[Patient Name] is [Age] years old and was initially identified as having [Diagnosis] [ICD-10-CM] on [Date]. I've been taking care of [Patient Name] since [Date], here is his/her diagnosis and medical history.

*[Provide a brief explanation of the benefits of [DRUG NAME] therapy. This includes a brief explanation of the patient's diagnosis, including the ICD-10-CM code, the seriousness of the patient's condition, any prior treatments, the length of each, the results of those treatments, the justification for discontinuation, as well as any additional factors (like underlying health conditions or age) that may have affected your choice of treatment.]*

## **Treatment plan**

*[Include the treatment plan (dosage, duration of treatment), as well as any clinical practice recommendations that support the use of the product/service. Think about mentioning specialists who agree with the treatment.]*

## **Rationale for Treatment**

*[Include your clinical rationale and reasons for prescribing the product]*

Based on the facts stated above, I am confident that [Product Name/Service] is medically necessary and reasonable for the treatment of [Patient Name's] [Diagnosis], and I humbly request that you consider coverage of [Product name/service] on [Patient Name's] behalf.

Kindly see the enclosed supporting documents for more information and contact me at [Phone Number] if you have any questions or need additional information.

Thank you for your understanding regarding this matter.

Sincerely,  
[Physician Name and Credentials]

Enclosures: [list of enclosed documents]