

CUT AND PASTE: TEMPLATE FOR A LETTER OF MEDICAL NECESSITY

The following document can be cut and pasted onto letterhead and used as a letter of medical necessity.

Date

Medical Director
Health Plan
Address
Fax:

Regarding:

Patient Name
Date of Birth
Insurance ID number

Greetings:

I am writing to request a VARIDESK sit-stand solution for my patient [name of patient] who has the following diagnoses relevant to this request:

Acute discogenic pain
 Chronic discogenic pain
 Chronic upper back pain
 Chronic lower back pain
 Chronic neck pain
 Cervicogenic headaches
 Other: _____

This request is medically necessary for the following reasons:

It will or is reasonably expected to reduce or ameliorate the physical, mental, or developmental effects of an illness, injury, or disability. [Please provide details]

Please let me know if you require additional information from my records.

Yours truly,

ADDITIONAL LETTER WRITING TIPS

Be specific and include this information:

- Cite past successes with the treatment.
- Cite recent medical articles.
- Include letters from consultants including physical or occupational therapists
- Review previous and failed treatments.
- Address the HMO's suggested treatments.
- Be specific about physical and/or psychological factors that are relevant to your chosen treatment.
- Provide information you have which a distant administrator may not know.
- Cite conversations with family members or other treating physicians.