

Sample Letter of Medical Necessity

[Physician Practice Letterhead at the top of the letter]
[Date]

[Name of Insurance company]
[Address]
[City, State Zip Code]

Re: [Patient's Name]
[Patient's Group Policy Number]
[Patient's Date of Birth]

To whom it may concern:

I am writing on behalf of my patient, [Patient's Name], to document the medical necessity for [INSERT PRODUCT]™ (insert generic name) and to provide information about my patient's medical history and treatment to justify this therapy and subsequent payment.

Listed below are [Patient's Name] diagnosis, medical history, treatment plan, and other supporting information which confirm the medical necessity and appropriateness of [INSERT PRODUCT].

Patient's diagnosis, medical history, treatment plan and any other supporting information

[Include information regarding your patient's diagnosis, such as:

- Brief description of the patient's diagnosis, including the applicable ICD-10 code(s);
- History with this patient;
- Previous therapies and results of such therapies;
- Current treatment plan; and
- Other supporting information (e.g., USPI, NCCN guidelines, HCP office-selected clinical notes).]

Enclosed in support of this matter are the following documents: [Practice to list the names of each document including the package insert and provide a short description of each document being attached]. Based on the above and attached information, I am confident that you will agree that [INSERT PRODUCT] is indicated and medically necessary for [Patient's Name].

Please contact me at [Insert phone number of Practice OR Physician] for any additional information that you might need to ensure prompt approval of [INSERT PRODUCT] for [Patient's Name].

Sincerely,

[Prescriber's Signature]

[Prescriber's Name]

[Attachments: Enclose supporting documentation]