

Sample Letter of Medical Necessity

Must be on the physician/providers letterhead

Please use the following guidelines when submitting a letter of medical necessity:

- The diagnosis must be specific. For example, a diagnosis of “over heating, heat sensitivity or hot flashes” is not specific – a diagnosis of “Multiple Sclerosis or Dysautonomia” is specific.
 - The recommended treatment must be named and described in detail by a licensed health care provider. A recommended treatment described as “quitting smoking, healthier diet and regular or daily exercise recommended” does not provide enough information. Your provider must specifically name and describe the recommended treatment.
 - Your provider must state a specific length of treatment. Lifetime or indefinite lengths of treatment will not be approved.
-

Current Date

Re: Patients Name / Date of birth / Insurance ID #

To Whom it May Concern,

I am writing on behalf of my patient, (*Patient’s name*) to document the medical necessity of (*equipment – UnderCool Cooling Vest and Cooling Packs*) for the treatment of (*specific diagnosis*). This letter provides information about the patients medical history and diagnosis and a statement summarizing my treatment rationale.

Patient’s History and Diagnosis:

(*Include information here regarding the patient’s condition and specific diagnosis. Also include the patient’s history related to their condition.*)

Treatment Rationale:

(*Include information on the treatment up to this point, course of care and why the (equipment – UnderCool Cooling Vest and Cooling Packs) are necessary and how you expect that it will help the patient.*)

Duration:

(*Length of time equipment – UnderCool Cooling Vest and Cooling Packs is necessary) – not to exceed 12 months.*)

Summary:

In summary (*equipment – UnderCool Cooling Vest and Cooling Packs*) are medically necessary for this patient’s medical condition. Please contact me if any additional information is required to ensure the prompt approval of (*equipment – UnderCool Cooling Vest and Cooling Packs*)

Sincerely,

(Physicians name and signature)

Your licensed provider must complete, sign and date the letter.