

Note: This example letter is provided as a courtesy and not intended to be directive. Physicians should exercise medical judgement and discretion to appropriately diagnose and characterize the individual patient's medical condition. In addition, HCP's are responsible for ensuring the accuracy and validity of all billing and claims for appropriate reimbursement.

Sample Letter of Medical Necessity (Practice Letterhead)

(Date)
(Payer Name)
(Payer Representative)
(Payer Address)
(City, State ZIP Code)
(Payer Fax Number)

Attention: **(Payer Representative)**
Attention: **(Department Name)**

Re: Coverage of **(Product Name) (Generic Name)**
Subscriber: **(Subscriber's First and Last Name)**
Patient Name: **(Patient's First and Last Name)**
Policy # / Patient ID: **(Policy Number / Patient's ID)**
Group #: **(Group Number)**
Patient Date of Birth: **(Patient Date of Birth)**
Patient Age: **(Patient Age)**
Patient Sex: **(Patient Sex)**

Dear Medical or Pharmacy Director:

I am writing on behalf of **(Patient's name)**, **(policy #)**, to document the medical necessity of **(Product Name)**.

(Mr/Mrs/Ms) (Patient's name) was provided with **(Product Name)**. The full Prescribing Information for **(Product Name)** can be accessed at [www.\(product name url\).com](http://www.(product name url).com).

(Mr/Mrs/Ms) (Patient's name)'s medical history and course of treatment are as follows:

(In your clinical judgement, you may wish to describe the patient's history, diagnosis, and previous and current treatment regimens and their outcomes.)

In my clinical opinion, **(Mr/Mrs/Ms) (Patient's name)** should receive **(Product Name)** for the following reasons:

- **(List reasons)**

In summary, **(Product Name)** is medically necessary and reasonable for **(Mr/Mrs/Ms) (Patient's name)**'s medical condition. Please contact me if any additional information is required to ensure the prompt approval of this course of treatment.

Sincerely,

(Physician's name)