Sample Letter of Medical Necessity

IMPORTANT: When using this template, please be sure to include both the brand name and generic name of the product in the first paragraph.

[Insurance Company]
[Address]
[City, State, Zip]

Re: **[Patient Name]**
[Policy #]
[DOB]
[Address]
[City, State, Zip]

To Whom It May Concern:

I am writing on behalf of my patient, **[Patient Name, ID and Group Number]** to appeal for the coverage of **[Product brand name (generic name)]** associated with **[ICD10 Code]**. This letter of medical necessity includes the patient's relevant past medical history, overview of prior care delivered, treatment rationale and supporting medical necessity data.

Patient's History, Past Treatments and Drugs Utilized (1500-character limit):
[Include information outlining when the patient was diagnosed and severity of symptoms].

Treatment Rationale (1500-character limit):
[Provide information on patient response to past treatments and anticipated prognosis and rationale for the currently prescribed product].

Supporting Study Data (1500-character limit):
[Include references to published medical study data evaluating the use of the currently prescribed product. Remember to include the FDA approved indications and usage].

In summary, in my medical judgement, the currently prescribed product is medically necessary for this patient's medical condition. Please contact me if any additional information is required to ensure the prompt approval of the currently prescribed product.

Sincerely,
[Physician Name and Signature]
[Phone #]