

Sample Letter of Medical Benefit Coverage Request
Physician's Letterhead

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[Insurance Company]	Re:	[Patient Name]
[Address]		[Policy #]
[City, State, Zip]		[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 request a determination of coverage approval of **[Product name (generic name)]** for the treatment of **[Diagnosis, ICD10 Code]** under medical benefits coverage. The patient has been notified that coverage for **[Product name (generic name)]** is not provided under their pharmacy benefit.

Patient's History, Past Treatments and Drugs Utilized:

[Include information outlining when the patient was diagnosed and severity of symptoms. Provide patient response to past treatments]

Treatment Rationale:

[Include information on past treatments and drugs utilized to treat the patient. Explain, as applicable, how the past treatments and drugs either did not effectively treat the patient, put the patient at risk, or other reasons for now prescribing Product name (generic name)]

Supporting Study Data:

[Include references to published medical study data evaluating the use of Product name (generic name). Remember to include the FDA approved indications.]

The ordering physician is **[Physician Name, NPI #]**. The coverage determination decision may be faxed to **[Fax #]**, or mailed to **[Physician Business Office Address]**. Please also send a copy of coverage determination decision to the patient.

Sincerely,

[Physician Name and Signature]

[Phone #]

Enclosure: [Pharmacy coverage determination denial]