

Sample Letter of Medical Necessity

Re:

To whom it may concern:

My name is _____ and I am a _____ writing on behalf of _____
my patient, _____, to request coverage for _____ to treat _____
_____ has been under my care for _____
for the treatment of _____.

I am writing this letter for medical necessity because after working with _____, I believe that _____ is the best treatment option for this patient.

Please detail all past treatments.

Past treatment(s)*	Start/stop dates	Reason(s) for discontinuing
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Please contact me at _____ for _____ to answer any pending questions. I would be pleased to speak to the medical necessity of _____ 's _____.

Sincerely,

Encl: Medical records
Clinical trial information

*Identify drug name, strength, dosage form, and therapeutic outcome.
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