

Letter of Medical Necessity Information



Please use this guideline as a tool in writing letters of medical necessity. As the primary care physician's office, we must work directly with insurance companies to obtain necessary equipment or services for our patients.

We rely on you, the community professional, to provide us with concrete information and recommendations for appropriate equipment in order to facilitate requests. Please include additional information that you feel is applicable. Thank you in advance for your service, advocacy and support of our mutual patients.

Include the following information in letters of medical necessity if applicable:

- Patient name
- Patient Date of Birth
- Patient Diagnosis
- How long you have known the patient and in what capacity
- How diagnosis manifest in the patient
- Functional limitations (i.e. relating to ADL/Aids to Daily Living and ability to function independently.
- Medical complications (i.e. risk of aspirating, secretions, scoliosis, etc...)
- Equipment Requested: If you desire a specific piece of equipment, include the following:
 - Brand
 - Color
 - Accessories
 - Manufacturer
- Goal of Equipment?
- How the equipment will improve functional abilities of patient? (I.e. work towards independent ambulation, bear weight, etc...)
- How equipment can help care-givers to provide basic care?
- Length of use of equipment?
- Will the equipment "grow" with the patient?
- Therapist contact information

If you have questions, please contact our office at the number listed below. We will be happy to answer your questions. Thanks.