

Rollabrella's Letter of Medical Necessity

Current Date

*MedBen - Specialty Services Unit
P.O. Box 1096
Newark, Ohio 43058-1096*

Re:

To Whom It May Concern:

I am writing on behalf of my patient, *(patient name)* to document the medical necessity of *(treatment/medication/equipment – item in question)* for the treatment of *(specific diagnosis)*. This letter provides information about the patients medical history and diagnosis and a statement summarizing my treatment rationale.

Patient's History and Diagnosis:

(Include information here regarding the patient's condition and specific diagnosis. Also include the patient's history related to their condition)

Treatment Rationale:

(Include information on the treatment up to this point, course of care and why the treatment/medication/equipment (item in question) is necessary and how you expect that it will help the patient.)

Duration:

(Length of time treatment/medication/equipment (item in question) is necessary – not to exceed 12 months)

Summary:

In summary, *(treatment/medication/equipment – item in question)* is medically necessary for this patient's medical condition. Please contact me if any additional information is required to ensure the prompt approval of *(treatment/medication/equipment – item in question)*.

Sincerely,

(Physicians name and signature) Your licensed provider must complete, sign and date the letter.