

## SAMPLE LETTER OF MEDICAL NECESSITY

Date

Insurance Company  
P.O. Box 000000  
Denver, CO 80000

Re:  
Claim #:

Attention:

Letter of Medical Necessity: Infrared Heat Therapy Home Unit

----- has been under our care for -----  
He/she has had recurrent acute episodes of her chronic condition related to -----.

-----  
He/she has been treated with skin contact, infrared heat therapy in a clinical setting here in this office, and, based on his/her favorable history response to treatment, it is recommended that he/she have a home unit to be used on an as-needed basis, indefinitely, so that he/she may self-manage his/her problems and not be dependent on travel, time, effort and expense to seek care in a clinical setting.

I am prescribing the home unit for several reasons. Some of these are: ease of patient access to the treatment, decreased travel time, effort and expense on the patient's part to reach this office, and cost-effectiveness on an ongoing basis for the care. Overall, this will be a far easier means of access to the therapy that gives him/her the relief from ----- and will incur far less expense in the long run, as compared with treatment in a clinical setting.

Sincerely,

Dr. XYZ