

## Request for a Letter of Medical Necessity from Your Physician

Your Name, Your Address, Date

Dear Dr. \_\_\_\_\_:

I am seeking (counseling, play therapy, family therapy, couples' therapy, etc.) which will allow (me or my child) to \_\_\_\_\_. In order to receive an out-of-network "single case agreement" approval through my insurance health plan, I must have a letter of medical necessity made from my doctor.

Many people are denied health care services because their health plan (such as AHCCCS/ALTCS, Medicare, private insurance) is not given the correct medical forms that show the reasons for the doctor to prescribe treatment. Health plans need to have the doctor write letters to explain the need for the treatment. These are called Letters of Medical Necessity.

These letters are used to show that the treatment will: 1) prevent disease, disability, and other unfavorable conditions or their progress or 2) prolong life.

Here is an example of a letter of medical necessity:

I am writing on behalf of my patient, [Patient name], to [Request Prior Authorization/document Medical Necessity] for treatment with [counseling/ play therapy]. Based on my experience in managing [Disease Name], I believe [counseling/ play therapy] is medically necessary and appropriate for my patient. This letter provides information about the patient's medical history and diagnosis, and a statement summarizing my treatment rationale. On behalf of the patient, I am requesting approval for use and subsequent payment for the treatment.

My patient, [Patient name], is a [age] year old [male/female] who was diagnosed with [ICD10] [Diagnosis Name] on [Date]. Please see enclosed documentation that discusses my patient's medical history and supporting information relating to my request to treat my patient with [counseling].

Summary: In summary, (treatment/counseling/play therapy) is medically necessary for this patient's medical condition. Please contact me if any additional information is required to ensure the prompt approval of (counseling/play therapy).

Thank you for your time and effort in helping me to advocate for my health care needs. If you have any questions, please contact me at \_\_\_\_\_.

Sincerely,