

## B. SAMPLE LETTER

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

Your Name  
Your Address  
Date

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

I am seeking \_\_\_\_\_, which will allow me to \_\_\_\_\_. In order to receive approval through my health plan, I must have the request made by 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 equipment or medicine. Health plans almost always require more than a doctor's prescription asking for \_\_\_\_\_ because the prescriptions do not explain how the patient would benefit from the treatment. The health plans also need to have the doctor write letters to explain the need for the equipment or medication in detail. 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. In my case, a letter of medical necessity should include:

- a statement of my overall health care, including all chronic conditions;
- my exact diagnosis(es) and ICM-9-CM codes (if they apply);
- how long my condition has lasted or will last;
- health problems that may occur if the \_\_\_\_\_ is not provided; and
- support for this health care service.

For example, Ms./Mr. \_\_\_\_\_ must be allowed to take the prescribed medication because he/she has tried other medications and they did not work, or he/she was allergic to that medication.

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,

(Add Your Name Here)