

[Physician Practice letterhead]  
[Date]

[Name of insurance company]  
[Address]  
[City, State, ZIP code]

Re: [Patient's name]  
[Policy number]  
[Date of birth]

To whom it may concern:

I am writing on behalf of my patient, [patient's name], to document the medical necessity of [PRODUCT NAME] for treatment of [indication] and provide information about the patient's medical history and treatment.

Listed below are my patient's diagnosis, medical history, treatment plan, and other supporting information, which confirm the medical necessity and appropriateness of [PRODUCT NAME].

**Patient's diagnosis, medical history, treatment plan, and other supporting information**

[Insert information regarding the patient's diagnosis; medical history, including previous therapies and results; treatment plan; and other supporting information.]

Enclosed in support of this matter are [insert description of supporting documents]. Please contact me at [insert office phone number] for any additional information you may need to ensure prompt approval of [PRODUCT NAME] for my patient.

Sincerely,  
[Sign and print your name here]

Attachments: [Enclose supporting documentation]