

Sample Letter of Medical Necessity  
(please type on physician's letterhead)

Date:

<< Insurance Company>>  
<<Address>>  
<<City, State, Zip Code>>

Re: <<Patient's Name>>  
Policy Number: << xxxxxx>>  
Group Number <<xxxxxxx>>

To Whom It May Concern:

Enclosed for your review are clinical articles documenting the effective use of  
Integra<sup>®</sup> \_\_\_\_\_ ← *enter product here*  
The attached Statement of Medical Necessity and information pertaining to  
<<Patient's Name>> clinical history and diagnosis clearly demonstrate that  
Integra<sup>®</sup> \_\_\_\_\_ ← *enter product here*  
is the appropriate treatment of choice.

Please send me written verification of coverage and payment for the procedure  
noted for <<Patient's Name>> as soon as possible. If you have any questions  
pertaining to the clinical history or my treatment plan, please call me directly at:

<<Office Phone Number>>

Thank you for your immediate attention to this matter.

Sincerely,

<<MD's Name>>

Enclosure: Statement of Medical Necessity  
Estimate of Professional and Facility Charges  
Patient Records

CC: <<Patient Name>>  
Medical Record File  
<<Facility billing contract>>