The following document can be cut and pasted onto letterhead and used as a letter of medical necessity.

Medical Director:
Health Plan:
Address:
Fax:

Regarding
Patient Name:
Date of Birth:
Insurance ID Number:

Greetings:

I am writing to request a Vari® sit-stand solution for my patient, [name of patient], who has the following diagnoses relevant to this request:

- Acute Discogenic Pain
- Chronic Discogenic Pain
- Chronic Upper Back Pain
- Chronic Lower Back Pain
- Chronic Neck Pain
- Cervicogenic Headaches
- Other: 

This request is medically necessary for the following reasons:

It will or is reasonably expected to reduce or ameliorate the physical, mental, or developmental effects of an illness, injury, or disability. [Please provide details]

Please let me know if you require additional information from my records.

Yours truly,

Additional Letter Writing Tips

Be specific and include this information:

- Cite past successes with the treatment.
- Cite recent medical articles.
- Include letters from consultants including physical or occupational therapists.
- Review previous and failed treatments.
- Address the HMO's suggested treatments.
- Be specific about physical and/or psychological factors that are relevant to your chosen treatment.
- Provide information you have which a distant administrator may not know.
- Cite conversations with family members or other treating physicians.