

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

Medical Director: Health Plan: Address: Fax:	Date:
 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:	
<input type="checkbox"/> Acute Discogenic Pain <input type="checkbox"/> Chronic Discogenic Pain <input type="checkbox"/> Chronic Upper Back Pain <input type="checkbox"/> Chronic Lower Back Pain <input type="checkbox"/> Chronic Neck Pain <input type="checkbox"/> Cervicogenic Headaches <input type="checkbox"/> 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.