

Insurance Co. NAME  
Address

Date: \_\_\_\_\_

## Letter of Medical Necessity

**SUBJECT: Request for coverage/reimbursement for enterade® IBS-D**

Dear Sir or Madam:

I am requesting insurance coverage and reimbursement for my patient, \_\_\_\_\_,  
for whom I have prescribed enterade® IBS-D (distributed by Entrinsic Bioscience LLC).

enterade® IBS-D provides targeted dietary support for Irritable Bowel Syndrome with Diarrhea. It contains a precise combination of plant-based amino acids, electrolytes and minerals that work with the body's natural processes to increase fluid absorption and decrease fluid secretion within the gastrointestinal tract, helping to manage symptoms associated with IBS-D, including diarrhea, dehydration, bowel urgency and abdominal discomfort.

enterade® IBS-D is recommended twice a day and is medically necessary in this instance for my patient, \_\_\_\_\_, with a diagnosis of \_\_\_\_\_.

enterade® IBS-D is a medical food to be used under the supervision of a healthcare provider. The reimbursement code for this product is 60008-0321-11 (mixed berry flavor). The assigned HCPCS codes are B4102 (Adults)/B4103 (Pediatrics).

Thank you for reviewing this request. Please contact me should you require any additional information.

Sincerely,

(Signature, Name of institution, Title, Phone, or e-mail)

\*Note you may want to attach any pertinent medical information supporting your directive.