**SAMPLE LETTER OF MEDICAL NECESSITY**

**[medical care provider]**

**[letterhead]**

[Date]

[Contact Name of medical director or other payer representative]

[Contact Title] [Name of Health Insurance Company]

[Address] [City, State, Zip]

**Re: Letter of Medical Necessity for Atopic Dermatitis / Eczema Treatment**

Patient: [Patient Name]

Group/policy Number: [Number]

Date(s) of service: [Dates]

Diagnosis: [Code & Description]

Dear [Insert contact name or department]:

I am writing on behalf of my patient, [PATIENT NAME], to [REQUEST PRIOR AUTHORZATION/DOCUMENT MEDICAL NECESSITY] for treatment with [Product] for treatment of for Atopic Dermatitis / Eczema. This letter serves to document that [PATIENT NAME] has a diagnosis of [DIAGNOSIS] and needs treatment with [Product], and that [Product] is medically necessary for [him/her] as prescribed. On behalf of the patient, I am requesting approval for use and subsequent payment for the treatment.

**Patient Medical History and Diagnosis**

[PATIENT NAME] is a [AGE]‐year‐old [MALE/FEMALE] diagnosed with [DIAGNOSIS]. [NAME OF PATIENT] has been in my care since [DATE]. As a result of [DIAGNOSIS], my patient [ENTER BRIEF DESCRIPTION OF PATIENT TREATMENT]. Additionally, [PATIENT] has tried [PREVIOUS THERAPIES] and [OUTCOMES]. The attached medical records document [PATIENT NAME]’s clinical condition and medical necessity for treatment with [Product].

Based on the above facts, I am confident that you will agree that [Product] is medically necessary for this patient.

Please consider coverage of [Product] on [PATIENT NAME]’s behalf and approve use and subsequent payment for [Product] as planned. Please refer to the enclosed Prescribing Information for [Product]. If you have any further questions regarding this matter, please do not hesitate to call me at [PHYSICIAN TELEPHONE NUMBER]. Thank you for your prompt attention to this matter.

Sincerely,

[PHYSICIAN NAME],

[PROVIDER IDENTIFICATION NUMBER]

Enclosures: (Attach as appropriate)

Soothems FDA Registration Number 3013841561; CPT / HCPCS code A4467