

Letter of Medical Necessity

To: _____

Date: _____

From: _____

SUBJECT: Insurance Coverage Request for Healthy Heights - Grow Daily 3+ Shake Mix

I am requesting insurance coverage and reimbursement of **Healthy Heights - Grow Daily 3+ Shake Mix** for my patient, _____. The use of a protein-based nutrition product such as Healthy Height Shake Mix is a key component of the medical management for this patient.

Patient Information (to be completed by Physician)

Patient name:

DOB:

Current weight:

Current height:

of months/years under my care:

Diagnosis:

Other:

I have prescribed **Healthy Heights - Grow Daily 3+ Shake Mix** for the dietary management of:

This letter provides information about the patient's medical history and diagnosis and a statement summarizing my treatment rationale.

Patient's History and Diagnosis:

Treatment Rationale:

Duration of Treatment:

Healthy Heights – Grow Daily 3+ Shake Mix is a nutritional drink that is calorically dense (1.5 kcal/mL) with intact nutrients, includes proteins, fats, carbohydrates, vitamins, and minerals, found in HCPCS Category B4160. This product is intended for the nutritional management of patients with:

- Short stature
- Growth delays
- Inadequate nutritional intake (cannot be met through regular dietary intake)

Healthy Heights – Grow Daily 3+ Shake Mix is medically necessary for this patient’s medical condition.

Thank you for taking the time to review this request. Please contact me should you require any additional information to verify coverage.

Sincerely,

Name:

Title: