

Electronic Certificate	
Document Number:	US-ABBV-190248
Document Name:	Letter of Medical Necessity Sample Template – DIGITAL SP
Certification Statement	
<p>I hereby certify that I have examined the material referred to above and confirm that:</p> <ol style="list-style-type: none"> 1. The piece has been approved according to the relevant Code, SOPs and Regulations 2. The information in the piece is balanced, accurate and a truthful presentation of the facts 3. When applicable, the content is consistent with the local Health Authority labeling document(s) 4. If applicable, the electronic version of the attached artwork is suitable for release to the market 	
Role	Signature
Regulatory Reapproval Certification	Jim Cominsky Regulatory Reviewer 27-Aug-2020 16:42:32 GMT+0000

[Date]

[Payer Name]

[Payer Address]

Attn: [Appeals Department]

Re: [Patient Name]

[Policy ID/Group Number]

[Date of Service]

To whom it may concern:

My name is [name] and I am a [board-certified medical specialty] [NPI] writing on behalf of my patient, [patient name], to request coverage for [product, dosage, and frequency]. [Patient Name] has been under my care for [X months] for the treatment of [disease or symptoms].

I am writing this letter for medical necessity because after working with [Patient name], I believe that [product name] is the best treatment for this patient, and it's important that a formulary exception be made.

[Provide a brief medical history, including diagnosis, allergies, existing comorbidities, and International Classification of Diseases (ICD) code(s)].

[Discuss rationale for using <product name> vs other treatments. Insert your recommendation summary here, including your professional opinion of your patient's likely prognosis or disease progression without treatment.].

[List of pertinent medical records] are enclosed, which offer additional support for the formulary exception request for [product name]. Please consider coverage of [product name] for my patient.

Please contact me at [telephone number] to answer any pending questions. I would be pleased to speak to the medical necessity of [product name] for [patient's name]'s [diagnosis].

Thank you in advance for your attention to this request.

Sincerely,

[Physician Name and signature]

[Physician's medical specialty]

[Physician's NPI]

[Physician's practice name]

[Phone #]

[Fax #]