

Cover letter to submit clinician medical necessity letter

INSTRUCTIONS:

This letter template may be used by a patient to provide the insurer with their clinician's medical necessity letter.

The clinician's letter may be provided without any additional explanation.

TEMPLATE:

Date

Member: [patient]

Member DOB: [...]

To Whom It May Concern:

Please find attached a letter from [clinician] dated [xxxx] regarding the medically-necessary treatment required for [patient].

Thank you.