

Date:

Attn:

Re:

Date of Service:

To whom it may concern:

My name is \_\_\_\_\_ and I am a \_\_\_\_\_ writing on behalf of  
my patient, \_\_\_\_\_, to request coverage for \_\_\_\_\_ .  
\_\_\_\_\_ has been under my care for \_\_\_\_\_ months for the treatment of \_\_\_\_\_ .

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

\_\_\_\_\_ are enclosed, which offer additional support for the formulary exception request for  
. Please consider coverage of \_\_\_\_\_ for my patient.

Please contact me at \_\_\_\_\_ to answer any pending questions. I would be pleased to speak to the  
medical necessity of \_\_\_\_\_ for \_\_\_\_\_ 's \_\_\_\_\_ .

Thank you in advance for your attention to this request.

Sincerely,

Phone:

Fax: