Clarity Surgical and Weight Loss Solutions

Sample Letter of Medical Necessity
Give this to your Primary Care Physician for him/her to fill out.

(Name of practice)
(Name of physician, MD)
(Insert address/contact information)

Date:

Insurance company name and address
RE: patient name
Date of birth
Group # and ID#

To whom it may concern:

Mrs./Ms./Mr. (insert patient name) has been a patient of mine for (insert number) of years. The patient is (height) and weighs (weight) pounds with a BMI of (insert BMI). The patient has been excessively overweight for ___ years now and will benefit from bariatric surgery.

Last 5 year weight history: (insert last 5 year weight history if you feel this section is necessary)

In addition to obesity, the patient is suffering from the following co-morbid conditions: (list all conditions; examples that will qualify the patient for bariatric surgery include exertional dyspnea, urinary incontinence, sleep apnea, hypertension, diabetes, degenerative joint disease, osteoarthritis, hypercholesterolemia, hyperlipidemia, shortness of breath, etc).

The patient has tried many methods of weight loss including diet pills for (insert length of time) with (insert # of pounds lost and whether they were regained or not), physician-administered diets for (insert length of time) with (insert # of pounds lost and if they regained or not), Weight Watchers, etc. The patient is limited due to his/her co-morbidities and inability to exercise but has tried (list all attempts and any successes or regaining of weight).

Family medical history is positive for (insert medical conditions; hypertension, diabetes, etc). I am respectfully requesting pre-authorization for bariatric surgery to include patient's benefits and coverage. I will see the patient at the end of the work-up to clear the patient for surgery. Thank you for your consideration in this matter.

Sincerely,

Physician name, MD
(Once completed, please fax/email to 516-962-3739/drthompson@claritysurgicalNY.com)

33 Walt Whitman Rd., Suite 300B, Huntington Station, NY, 11746
516-259-2525(o) 516-962-3739(f)