

Current Date

Re: Patient Name

To Whom It May Concern:

I am writing on behalf of my patient, [Patient name], to [Request Prior Authorization/document Medical Necessity] for treatment with [counseling/ play therapy]. Based on my experience in managing [Disease Name], I believe [counseling/ play therapy] is medically necessary and appropriate for my patient. This letter provides information about the patient's medical history and diagnosis, and a statement summarizing my treatment rationale. On behalf of the patient, I am requesting approval for use and subsequent payment for the treatment.

My patient, [Patient name], is a [age] year old [male/female] who was diagnosed with [ICD10] [Diagnosis Name] on [Date]. Please see enclosed documentation that discusses my patient's medical history and supporting information relating to my request to treat my patient with [counseling].

Summary: In summary, (treatment/counseling/play therapy) is medically necessary for this patient's medical condition. Please contact me if any additional information is required to ensure the prompt approval of (counseling/play therapy).

Sincerely, (Physicians name and signature) Your licensed provider must complete, sign and date the letter