

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: