

To: [Insurance Company Name / HR Department]

From: [Physician Name]

Date: [Current Date]

Subject: Letter of Medical Necessity for Ergonomic Equipment

Patient Name: [Patient Full Name]

Patient Date of Birth: [DOB]

Policy/ID Number: [ID Number]

To Whom It May Concern,

I am writing to formally recommend the purchase of specific ergonomic equipment for my patient, [Patient Name], to treat and manage their medical condition. [Patient Name] is currently under my care for [Diagnosis/Condition, e.g., Chronic Lumbar Radiculopathy, Carpal Tunnel Syndrome].

Due to this condition, the patient experiences [Symptoms, e.g., severe back pain, nerve impingement, repetitive strain] when performing standard work duties. To prevent further injury and reduce functional limitations, I am prescribing the following equipment as a medical necessity:

- [Equipment Name, e.g., Ergonomic Task Chair with Lumbar Support]
- [Equipment Name, e.g., Height Adjustable Sit-Stand Desk]
- [Equipment Name, e.g., Ergonomic Split Keyboard and Vertical Mouse]

This equipment is required to maintain proper spinal alignment, reduce musculoskeletal strain, and allow the patient to continue working safely. Without these modifications, the patient is at high risk for clinical deterioration and increased medical intervention.

If you require any further information, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[NPI Number]

[Clinic Name]