

Date: [Insert Date]

To: [Insurance Provider Name]

Attn: [Appeals/Authorization Department]

Fax/Address: [Insert Fax Number or Address]

RE: Letter of Medical Necessity for Medically Supervised Meal Replacement

Patient Name: [Patient First and Last Name]

Date of Birth: [MM/DD/YYYY]

Policy Number: [Insert Policy Number]

Group Number: [Insert Group Number]

To Whom It May Concern,

I am writing to formally request coverage for a Medically Supervised Meal Replacement Program for my patient, [Patient Name].

Diagnosis:

The patient is currently being treated for [Insert Primary Diagnosis, e.g., Morbid Obesity, ICD-10 Code] and the following co-morbidities:

- [Co-morbidity 1, e.g., Type 2 Diabetes, ICD-10 Code]
- [Co-morbidity 2, e.g., Hypertension, ICD-10 Code]
- [Co-morbidity 3, e.g., Obstructive Sleep Apnea, ICD-10 Code]

Clinical History:

The patient currently has a BMI of [Insert BMI] and a weight of [Insert Weight]. Previous attempts at weight loss via [List previous methods, e.g., calorie-restricted diets, exercise programs, or pharmacological interventions] have been unsuccessful in achieving and maintaining significant weight loss to mitigate health risks.

Treatment Plan:

I have prescribed a Medically Supervised Meal Replacement Program using [Insert Specific Product Name/Program] for a duration of [Number] weeks. This program is medically necessary for this patient to achieve rapid, controlled weight loss and metabolic improvement under strict clinical supervision. This intervention is essential to prevent [Insert potential complications, e.g., cardiovascular events or progression of diabetes].

Request:

I request that you approve coverage for the meal replacement products and the associated clinical monitoring fees as a medical necessity. Please contact my office at [Phone Number] if you require additional clinical documentation or have further questions.

Sincerely,

[Physician Signature]

[Physician Printed Name]

[Medical License Number / NPI Number]

[Practice Name]

[Phone Number]