

Date: [Insert Date]

To: [Insurance Provider Name / Transportation Authorization Department]

Fax/Address: [Insert Fax Number or Address]

RE: Letter of Medical Necessity for Stretcher Van Transportation

Patient Name: [Patient Full Name]

Date of Birth: [MM/DD/YYYY]

Member ID: [Insert ID Number]

Claim/Reference Number: [If applicable]

To Whom It May Concern,

I am writing to formally request authorization for non-emergency stretcher transportation for the above-named patient. The patient is scheduled for treatment at [**Name of Pain Management Clinic**] located at [**Clinic Address**] on [**Appointment Date**].

Clinical Justification:

The patient suffers from [List Primary Diagnosis, e.g., Chronic Intractable Back Pain, Spinal Stenosis, Failed Back Surgery Syndrome]. Due to their current medical condition, the patient is unable to utilize standard transport (sedan) or wheelchair transport for the following reasons:

- The patient is unable to maintain an upright sitting position for the duration of transport due to [Reason, e.g., severe spinal instability or acute pain].
- The patient requires constant recumbent positioning to prevent [e.g., further injury or unbearable pain].
- The patient is non-ambulatory and cannot safely transfer to a vehicle seat or wheelchair.
- [Optional: Add additional clinical reasons here].

Medical Necessity:

Stretcher transport is medically necessary to ensure the patient can safely access essential pain management interventions. Failure to provide this level of transport will result in the patient missing critical treatments, leading to [e.g., functional decline, increased ER visits, or loss of mobility].

The patient requires a "bed-to-bed" transfer with professional assistance to ensure safety and stability during transit.

Thank you for your prompt attention to this request. If you require further clinical documentation, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Name, MD/DO/NP/PA]

[NPI Number]
[Practice Name]