

**Date:** [Insert Date]

**To:** [Insurance Company Name / Transportation Coordinator]

**Attention:** [Department Name]

**Fax/Address:** [Insert Contact Information]

**RE: Letter of Medical Necessity for Post-Surgical Transportation**

**Patient Name:** [Patient Full Name]

**Date of Birth:** [MM/DD/YYYY]

**Policy Number:** [Insert Number]

**Group Number:** [Insert Number]

To Whom It May Concern,

I am writing to formally request non-emergency medical transportation (NEMT) for the above-named patient. [Patient Name] underwent [Name of Surgical Procedure] on [Date of Surgery] and is currently in the postoperative recovery phase.

Medical transportation is required for follow-up appointments scheduled on the following dates: [List Dates].

This service is medically necessary due to the following functional limitations:

- The patient is restricted from operating a motor vehicle due to [e.g., narcotic pain medication / surgical site location / limited range of motion].
- The patient requires [e.g., wheelchair assistance / door-to-door supervision / physical bracing] during transit.
- The patient lacks a reliable support system to provide safe transport to these critical clinical evaluations.

Failure to attend these follow-up visits poses a significant risk for postoperative complications, including infection, hardware failure, or permanent loss of function. Specialized transportation is essential to ensure the patient's safety and the success of the surgical intervention.

Please contact my office at [Phone Number] if you require additional clinical documentation.

Sincerely,

[Physician Signature]

**[Physician Name, MD/DO]**

**[NPI Number]**

**[Clinic/Hospital Name]**