

Date: [Insert Date]

TO: [Insurance Company Name / Transportation Provider]

ATTN: [Department Name]

FAX: [Fax Number]

RE: Letter of Medical Necessity for Routine Transport Services

Patient Name: [Patient Full Name]

Date of Birth: [Patient DOB]

Member ID: [Insurance ID Number]

Policy/Group Number: [Policy Number]

To Whom It May Concern,

I am writing on behalf of the above-referenced patient to document the medical necessity for routine non-emergency medical transportation (NEMT) to and from our cardiology clinic for ongoing cardiac care and monitoring.

Clinical Diagnosis:

The patient is currently being treated for the following conditions: [Insert ICD-10 Codes and Descriptions, e.g., I50.9 Heart Failure, I48.91 Atrial Fibrillation].

Reason for Transport Necessity:

The patient requires specialized transport due to the following functional limitations (check all that apply):

- Patient is wheelchair-bound and requires a lift-equipped vehicle.
- Patient suffers from severe dyspnea (shortness of breath) upon minimal exertion, preventing the use of public transit.
- Patient requires continuous supplemental oxygen monitoring during transit.
- Patient has cognitive impairments or syncope risk requiring door-to-door assistance.
- Patient lacks a functional support system or private vehicle to ensure compliance with frequent diagnostic testing.

Frequency of Services:

It is medically necessary for the patient to attend appointments [Insert Frequency, e.g., weekly / monthly] for [Insert Procedure, e.g., INR monitoring, pacemaker checks, cardiac rehabilitation]. Failure to attend these appointments puts the patient at high risk for acute cardiac events, hospital readmission, or permanent morbidity.

Based on the patient's clinical status, I am certifying that regular public or private transportation is contraindicated. Please approve the request for routine medical transport for a period of [Insert Duration, e.g., 6 months / 1 year].

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[NPI Number]

[Clinic Name]

[Phone Number]