Date: [Date]

To: [Insurance Company Name]
Attention: [Claims/Prior Authorization Department]
Address: [Insurance Company Address]

RE: Letter of Medical Necessity for Wheelchair Mounting System

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Member ID: [Insurance ID Number]
Diagnosis: [Diagnosis Codes, e.g., ICD-10]

To Whom It May Concern,

I am writing to formally request coverage for a specialized wheelchair mounting system for [Patient Name]. This accessory is medically necessary to support the use of their Speech Generating Device (SGD), [Model Name of Device].

Clinical Justification:
The patient has a significant communication impairment resulting from [Diagnosis]. Due to [Specific Physical Limitation, e.g., lack of fine motor control, inability to hold a device], the patient cannot manually hold or position their communication device. A secure mounting system attached to the patient's wheelchair is required to:

- Ensure the device is positioned at the correct height and angle for [Eye Gaze/Switch/Direct Selection] access.
- Prevent the device from falling, which could lead to equipment damage or patient injury.
- Provide the patient with 24/7 access to functional communication across all environments.
- Promote postural alignment and prevent fatigue during communication.

Equipment Requested:
The requested equipment includes [Brand/Model of Mount and specific components, e.g., Swing-away arm, Quick release plate]. This specific mount was selected because it is compatible with the patient's [Wheelchair Make/Model] and provides the stability required for their specific access method.

In summary, the mounting system is not a convenience item; it is an essential component of the patient's speech prosthesis. Without this mount, the patient is unable to utilize their assistive communication device effectively.

Please contact me at [Phone Number] if you require further clinical documentation.

Sincerely,

[Physician/SLP Signature]
[Printed Name and Title]
[NPI Number]
[Facility/Clinic Name]