Date: [Date]

TO: [Insurance Company Name / Recipient Name]
ATTN: [Department Name, if applicable]
RE: Letter of Medical Necessity for Renal Diet Modifications

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Policy/Member ID: [Member ID Number]
Group Number: [Group Number]

To Whom It May Concern,

I am writing to formally document the medical necessity of specific renal diet modifications and nutritional support for the above-mentioned patient. [Patient Name] is currently under my care for the management of **[Insert Stage, e.g., Stage 4] Chronic Kidney Disease (CKD) / End-Stage Renal Disease (ESRD)** (ICD-10 Code: [Insert Code]).

Due to the patient's declining renal function, their kidneys are unable to adequately filter metabolic waste products. Without strict dietary intervention, the patient is at high risk for life-threatening complications, including hyperkalemia, metabolic acidosis, fluid overload, and uremia. To manage these risks and delay the progression toward dialysis, I have prescribed a medically supervised renal diet consisting of:

- **Controlled Protein Intake:** To reduce nitrogenous waste and kidney workload.
- **Sodium Restriction:** To manage hypertension and fluid retention.
- **Potassium and Phosphorus Limitation:** To prevent cardiac arrhythmias and renal osteodystrophy.
- **[Optional: Specialized Medical Nutrition/Supplements]:** [Specify product name if applicable].

These modifications are not elective; they are a primary therapeutic component of the patient's clinical treatment plan. Failure to adhere to this specialized diet would likely result in acute clinical deterioration and increased hospitalization.

I request that you provide full coverage for the [nutritional counseling / specialized food / supplements] required for this patient's condition. If you require further clinical documentation or lab results (including GFR, Creatinine, or Electrolyte panels), please contact my office at [Phone Number].

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
[NPI Number]
[Medical Practice Name]