Date: [Date]

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

RE: Letter of Medical Necessity for Adaptive Stroller

Patient Name: [Patient Name]
Date of Birth: [DOB]
Member ID: [Member ID Number]
Diagnosis/ICD-10 Code: [Diagnosis Name and Code]

To Whom It May Concern,

I am writing to formally request the authorization for a [Brand and Model of Adaptive Stroller] for my patient, [Patient Name]. I have been treating this patient since [Date] for [Diagnosis].

Clinical Condition:
[Patient Name] presents with [list physical limitations, e.g., low muscle tone, inability to sit upright independently, poor head control, or high risk of seizures]. Due to these conditions, the patient is unable to utilize a standard commercial stroller or wheelchair safely and effectively.

Medical Necessity:
The requested adaptive stroller is medically necessary to provide:

- **Postural Support:** Necessary to prevent skeletal deformities and support the spine.
- **Safety:** Specialized five-point harnessing and lateral supports are required to prevent falls or injury during transport.
- **Functional Positioning:** Allows for [feeding/breathing/digestion] which is compromised in non-adaptive seating.
- **Mobility:** Enables the patient to attend medical appointments and participate in daily therapeutic activities.

Equipment Specifications:
The following features are required for this patient:
[Feature 1: e.g., Tilt-in-space for pressure relief]
[Feature 2: e.g., Contoured headrest for head control]
[Feature 3: e.g., Oxygen tank holder or medical tray]

Conclusion:
A standard stroller does not provide the clinical support required for this patient's diagnosis. Without this equipment, the patient is at risk for [list risks: e.g., skin breakdown, respiratory distress, or loss of corrective alignment].

Please contact my office at [Phone Number] if further documentation is required.

Sincerely,

[Physician Signature]
[Physician Printed Name]
[NPI Number]
[Clinic Name]