

[Physician Name]
[Physician Address]
[City, State, Zip Code]
[Phone Number]
[Fax Number]

[Date]

[Health Insurance Company Name]
[Prior Authorization Department Address]
[City, State, Zip Code]

RE: Exception Request for Postoperative Pain Management Quantity Limit

Patient Name: [Patient Full Name]
Patient Date of Birth: [DOB]
Policy Number: [Policy ID]
Claim/Reference Number: [Reference Number if applicable]

To Whom It May Concern,

I am writing to formally request a quantity limit exception for **[Medication Name, Strength, and Dosage]** for my patient, **[Patient Name]**. The patient recently underwent **[Name of Surgical Procedure]** on **[Date of Surgery]**.

The standard quantity limit is insufficient for this patient's postoperative recovery for the following reasons:

- **Clinical Necessity:** The nature of the surgical intervention (**[Brief Description of Severity/Complexity]**) requires an extended duration of pain management beyond the standard limit.
- **Failure of Alternatives:** Non-opioid treatments and lower-quantity regimens have been considered or attempted but are deemed inadequate for this patient's acute pain level.
- **Medical History:** [Briefly mention any patient-specific factors such as tolerance or specific comorbidities].

The requested quantity is **[Total Number of Pills/Doses]** for a **[Number]** day supply. This amount is necessary to ensure the patient can achieve adequate pain control to participate in physical rehabilitation and prevent emergency room readmission.

I have attached the operative report and relevant clinical notes to support this request. Please expedite this review to ensure continuity of care.

Sincerely,

[Physician Signature]

[Physician Printed Name]

[NPI Number]