

Request for Letter of Medical Necessity

For Parent to Fill Out:

Child's Name: _____

Date of Birth: _____

For what equipment/service/evaluation do you need this letter?

To whom should the letter go?

How do you feel this equipment/service/evaluation will help your child?

Has anyone else evaluated your child for or recommended your child have this equipment/service/evaluation (e.g., therapist, teacher, medical specialist)? If yes please explain who and when.

Please give any specific features about the equipment/service/evaluation that you feel are critical (e.g., equipment features, special vendors for a service etc.).

For clinic staff to complete:

Insurance Company Name and Address: _____

Insured's Name: _____

Policy # _____

Group # _____

Medicaid # _____

Date last seen at the clinic: _____