<Date>
<Payer Name> <Payer Address>
<Payer City, State and Zip>

Re: <Patient's Name>
<Type of Coverage>
<Group Number/Policy Number>

To Whom It May Concern:

I am writing to document the medical necessity of <Drug Name>.

The case in question involves a patient with <ICD-10 Code> < Diagnosis Name> using a treatment regimen of <Drug Name>. The enclosed documentation relates to the use of <Drug Name> for <ICD-10 Code> <Diagnosis Name>.

The following items are enclosed:

- Medical literature regarding the use of <Drug Name> for <ICD-10 Code> <Diagnosis Name>
- Relevant clinical documentation such as: history and physical, progress notes, treatment history and outcomes

In view of the above information found in the packet attached, I believe <Drug Name> is medically necessary and reasonable for this patient's medical condition.

Sincerely,

<Provider Signature>
<Provider Name>