Sample Letter of Medical Necessity
Hyperhidrosis

[date]
[insurer name]
Attn: [name of individual]
[address]

re: [patient name]
(policy number)

Dear [insurer name]:

I am writing on behalf of [patient name] to document the medical necessity of [insert treatment option here] for the treatment of hyperhidrosis. This letter provides information about the patient’s medical history and diagnosis and a statement summarizing my treatment rationale.

Hyperhidrosis, or excessive sweating, can have a devastating effect on a patient’s quality of life, causing physical discomfort, social embarrassment, and disruption of occupational and daily activities. This has certainly been true for [patient name], who has been bothered by hyperhidrosis for [insert duration of symptoms here]. Specifically, [he or she] has had difficulties with [insert quality-of-life problems here].

[discuss patient’s diagnosis, treatment history, and degree of illness]

Experts recommend a stepped approach to choosing therapy for hyperhidrosis. More-conservative therapies have not controlled [patient name]’s symptoms, and therefore [insert treatment option here] is the next logical choice for treating [his or her] hyperhidrosis.

In light of this clinical information, and this patient’s condition, [insert treatment option here] is medically necessary and warrants coverage. Please contact me at [(000) 000-0000] if you require additional information.

Sincerely,
[physician’s name]