

## 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]*