
NOTICE:

This sample letter is provided for informational purposes and is to be used as a guide in developing a letter of medical necessity for your patient. The information in the sample letter describes our product and its intended use. When providing a letter of medical necessity to your patient, **PLEASE CREATE THE LETTER ON YOUR OFFICIAL PROVIDER LETTERHEAD** including information specific to your patient using our sample as a guide.

Date: _____

Insurance Co.
Insurance Co Address

SUBJECT: Request for coverage/reimbursement for Functional Formularies™ (Liquid Hope® or Nourish) feeding tube formula.

I am requesting insurance coverage and reimbursement on behalf of _____ a _____-year old patient who has been under my care since ____/____/____. I have prescribed Functional Formularies (Liquid Hope® or Nourish) feeding tube formula for the dietary management of *diagnosis or condition*.

IMPORTANT - PLEASE READ:

Verify medical necessity for formula, including: diagnosis, documented failure or intolerance to other formulas, current height/weight, tracking on growth chart, history of weight loss, pertinent lab results, medications, potential outcome if formula is denied.

(Liquid Hope® or Nourish) is designed for patients of any age that may benefit from a vegan, gluten-free, corn-free, soy-free, casein-free formula made with real food ingredients. This product is intended for the nutritional management of those patients with special health needs, medical directives specifying a vegan diet, allergies to gluten, corn or casein, constipation, diarrhea, developmental disabilities and/or those requiring a long term tube feeding program and desire a real food component. (Liquid Hope® or Nourish) is also intended for oral use.

(Liquid Hope® or Nourish) is intended for use under medical supervision. Functional Formularies (Liquid Hope® or Nourish) feeding tube formula is recognized by the Centers for Medicare and Medicaid Services (CMS) as “an enteral formula, manufactured blenderized natural foods with intact nutrients...administered through an enteral feeding tube”, found in HCPCS Category B4149.

Thank you for reviewing this request. Please contact me should you require any additional information.

Sincerely,

(Physician's Signature)

(Phone or Email)

Attachments: You may want to include pertinent information supporting your directive.

SAMPLE