

## Example Letter of Medical Necessity

Current Date

Insurance Company Name

Address

Re: Patient name, DOB, Insurance Company Subscriber Number

Dear Insurance Company:

(Patient's name) is a (age) year old male/female diagnosed with (name of disease). His/her main means of mobility currently is a manual wheelchair and motorized scooter (or motorized wheelchair).

(Patient's name) requires stabilization of the trunk for normal upright weight bearing position to enable him to take steps. This stabilization can only occur with the use of equipment.

Being upright will:

- Strengthen the muscles in his/her hips and lower extremities
- Strengthen transfers
- Decrease the development of contractures (scoliosis, lower extremity deformities)
- Increase circulation
- Prevent skin breakdown
- Prevent osteoporosis and paralytic deformities in the lower extremities
- Work the large muscle groups to provide necessary cardiovascular endurance training
- Allow for more effective gait training by freeing the assistant's hands to provide manual cues rather than weight support

To achieve this, (Patient's name) requires a LiteGait device with a lifting mechanism.

Sincerely,

Doctor's Name