



# Letter of Medical Necessity

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This letter is to assist your patient in saving money on their medical treatments. Under the IRS code some health care items, treatments, and services are only eligible for reimbursement when the health care provider prescribes them as medically necessary. Please complete all the boxes below with the required information to assist us in reimbursing your patients expenses. **Specifically the provider must list the name of the condition or the diagnosis (i.e. obesity, hypertension, diabetes), and also the specific names of any medically necessary items, services, or treatments.** Please note that treatments that are considered to be solely for general well being or are personal care items are not reimbursable under Section 213(d) and do not belong on this form. To process reimbursement all fields on the form must be completed. This form will be valid through the date listed for length of treatment. If treatment extends past this date, a new Letter of Medical Necessity must be completed at that time. **This form shall be valid as a prescription.** Please return completed letter to [claims@div125.com](mailto:claims@div125.com) with your completed Claim Form. You can also fax to (954) 983-9695.

Name of Employee \_\_\_\_\_

Name of Employer \_\_\_\_\_



Patient Name:



Diagnosis:

Must list specific diagnosis or medical condition



Recommended Treatment:

Please itemize and list specific names of over-the-counter drugs and medicine / vitamins / minerals / nutritional supplements used in treatment.

Please list any required equipment .

Please list any programs recommended (weight loss, exercise)



Length of Treatment:

Specific Period of time treatment is expected to continue



Provider Name:



Provider Phone Number:



Provider Address:



Provider Signature:

I certify that this treatment is Medically Necessary



Date