

Letter to Submit to Patient's Insurance or Medicaid Requesting Coverage for AD RescueWear Eczema Treatment Garments for

Date: _____

Doctor Name: _____

Doctor Address: _____

Doctor Postal Code: _____

Re: (patient and concern)

To Whom It May Concern:

I am writing on behalf of my patient, (patients name) to document the medical necessity of AD RescueWear eczema treatment garments for the treatment of Atopic Dermatitis (Eczema). This letter provides information about the patient's medical history and diagnosis and a statement summarizing my treatment rationale.

Patient's History and Diagnosis:

Include information here regarding the patient's condition and specific diagnosis. Also include the patient's history related to their condition including all treatments that have not been successful and approximate financial burden.

Treatment Rationale:

Include information on the treatment up to this point, course of care and why the treatment/ medication/equipment (item in question) is necessary and how you expect that it will help the patient.

Duration:

Length of time treatment/medication/equipment (item in question) is necessary – not to exceed 12 months.

Summary:

In summary, (item in question) is medically necessary for this patient's medical condition. Please contact me if any additional information is required to ensure the prompt approval of (item in question).

Note to physicians: Insurance coverage has been approved when physicians discuss cost burden of previous treatments versus cost of AD RescueWear garments which are between \$24.00-\$109.00. Hospital wet wrap therapy costs \$10,000-\$20,000. AD RescueWear garments provide substantial cost savings to the patient, insurance company and Medicaid.
