



## **SAMPLE LETTER OF MEDICAL NECESSITY**

*(Should be prepared on Doctor's Office Letterhead)*

To Whom It May Concern:

I have prescribed a UVBioTek™ UVB light system, Model \_\_\_\_\_B as part of home therapy for *(patient's name)*. I have been treating this patient since *(date)* for extensive and persistent psoriasis.

*(patient's name)* has failed to respond to various conventional topical therapies; therefore, in *(month)* of *(year)*, UVB therapy was initiated. This involves having the patient come to my office for a minimum of three times per week for exposure to Ultraviolet B light in gradually increasing increments.

The patient has responded very well to this therapy, and currently is much improved. I anticipate that this therapy will be needed and will continue for an indefinite period of time, possibly a lifetime.

Since this treatment was started, *(patient's name)* has had approximately \_\_ ultraviolet light treatment sessions at my office, at a charge of \$\_\_\_\_\_ each. This represents about \$\_\_\_\_\_ that insurance has already invested in this therapy. It is my opinion that providing an ultraviolet light unit at home will save the insurance company a substantial amount of money in the long run. It will also significantly reduce the hardship my patient experiences in getting to and from my office three times a week.

The UVBioTek™ unit has been tested and has the same potential as the ultraviolet light units used in my office and other treatment centers for psoriasis. This unit is a FULL-BODY system designed for home use. This well designed unit is safe and easy for the patient to use and is much more cost effective than a single panel system because:

1. It produces a better therapeutic response by distributing the ultraviolet light more evenly over the entire body;
2. With appropriate use, the sides of the body are not subject to burning, since the patient does not have to turn from front to back;
3. Treatment time is reduced by more than ½, motivating the patient to continue these lifelong treatments on a year round basis, thereby reducing the potential for periodic flare-ups, which often result in costly hospitalizations requiring aggressive treatment.

I would like to specifically point out that the prescribed unit is designed for high intensity phototherapy and far exceeds the capabilities of the standard sun lamp.

If you have any further questions regarding *(patient's name)*'s need for this specific form of therapy, please do not hesitate to contact me.

Sincerely,  
*(Doctor's signature)*