

Letter of Medical Necessity

In order to begin the process of filing a claim with your insurance provider to cover the costs associated with any bariatric surgery, you will need to secure a letter from your primary care physician. Below is an example of what this letter should contain.

To Whom It May Concern:

This letter is a formal request for approval for [type of weight loss surgery], regarding my patient

[She/He] is _____ [height] and weighs _____ pounds. [Her/His] body mass index (BMI) is _____. [She/He] has been diagnosed with severe obesity, bordering on super obesity (diagnosis code E66.01), since _____ (date). [Patient name] is having significant adverse symptoms as a result of [her/his] obesity. [She/He] has difficulty standing and/or exercising due to the significant impact of the excess weight on [her/his] body. [She/He] has difficulty performing any daily activities and in participating with [her/his] family/friends in recreational activities.

[She/He] has been diagnosed with [types of co-morbidities: i.e., sleep apnea, diabetes, high blood pressure, GERD, etc]. The health effects of these conditions are severe and can be life-threatening. Co-morbidities have proven to be expensive to treat and sometimes incurable. Research has shown that weight loss surgery is not only cost effective for insurers, but for patients as well.

[Patient's name] has made numerous attempts to lose weight through the following:

- Jenny Craig
- Nutrisystem
- Atkins
- Dexatrim
- American Heart Association
- Consultations with a certified nutritionist
- Gym memberships

Based on [patient's name] medical history, it is highly recommended [she/he] undergo bariatric surgery. In my professional opinion, it is the only way to improve [her/his] health conditions and significantly improve [her/his] lifestyle. If you have any questions or concerns, please do not hesitate to contact our office.

Sincerely,