

Sample of Physician Letter- Print on Letterhead

Do not fill in the blanks

Dear Doctor,

Advanced Laparoscopic Surgeons of Morris, LLC will be working with your patient for possible bariatric surgery. As part of our goals we will submit documentation to your patient's insurance in order to obtain approval, but we cannot do this alone. We need your help. In order to obtain this approval a letter of medical necessity, on a letterhead, is needed from the primary care physician. We ask that you assist us by providing a letter that shows you are supportive. Below is a basic guideline of what information is needed for approval. We look forward to having a long-standing relationship with your office and we thank you for your time and consideration in this matter. Should you have any questions and/or comments please do not hesitate to contact our office at 973.410.9700. This letter and any additional clinical information you feel may be necessary may be faxed to 973.410.9703.

Date: _____, 2017

INS I.D. # _____

To Whom It May Concern:

Mr. /Mrs. _____ has been under my care for the past _____ months/years. He /She is _____ years of age, stands _____ and weighs _____ pounds. He/She has a history of adolescent and adult obesity with a current BMI of _____. The ideal body weight is _____ pounds.

Mr. /Ms. _____ weight condition has caused him/her significant health problems some which appear to be getting progressively worse. Some of his/her current health problems _____ (medically diagnosed) (additional examples: are

Hypertension, Diabetes, sleep apnea, PCOS, elevated triglycerides, severe joint and back pain, shortness of breath on exertion, heavy snoring, amenorrhea, etc).

Mr. /Ms. _____ understands the health risk associated with morbid obesity and has been proactive in his/her attempts to control his/her weight. **During the past 12 months, the patient has made a concerted effort in management and increased their exercise significantly. The diets tried during this period include:** (examples: 1800 Calorie Diet, Atkins, Low-Carbohydrate, Weight Watchers, Jenny Craig, Medifast, NutriSystem, SlimFast, etc). Exercise programs include: (examples: walking for 30 minutes/day, going to the gym 3-4x a week, swimming, lifting weights). The weight loss medications prescribed include: _____. **[Please be very specific in which diets and exercise programs the patient has tried]**

I have personally supervised Mr. /Ms. _____ in his/her efforts to lose weight with diet and exercise. During this time Mr. /Ms _____ has followed the nutritional guidelines, but has found exercise insufficient due to _____. All attempts at significant weight loss have been unsuccessful.

Mr. /Ms _____ and I have discussed his/her current health and have agreed that it is time for a permanent resolution to

eliminate present and future health issues. From the success rate known from Bariatric Surgery and the health benefits involved, I feel this would be the best solution for permanent weight loss and beneficial for future health issues due to morbid obesity.

Mr./Ms. _____'s 5 year weight history is as follows:

2012 _____ lbs 2013 _____ lbs 2014: _____ lbs

2015: _____ lbs 2016: _____ lbs

Sincerely,