

Patient Sample Letter of Medical Necessity

[Patient name]

[Date of birth]

[Policy number]

[Claim number]

Request: Authorization for treatment with [product name][generic]

Diagnosis: Severe alopecia areata

[Date]

Dear [Insurance company name],

[My name/My child's name] is [patient's name], and [I've/he has/she has/they've] been diagnosed with severe alopecia areata for [duration of condition]. I wanted to share my personal experience with alopecia areata to help explain and justify why [I am/my child is] an appropriate patient for treatment with [product name].

Patient's story and experience with alopecia areata:

Patient/caregiver instructions: Use this open field to share your/your child's experience with alopecia areata, including details such as:

- [Describe the various locations of hair loss on your/your child's body (include if hair is currently/actively shedding)]
- [Previous treatments and your/your child's response to those treatments]
- [Current treatment and your/your child's response to those treatments]
- [If you have/your child has discontinued any treatments/therapies, please explain why]
- [Any impact the disease has had on your/your child's life]
- [How this condition makes you/your child feel]

Sincerely,

[Patient/caregiver name]

Add a photo here
that shows the
severity of patient's
alopecia areata

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