

## SAMPLE LETTER REQUESTING INSURANCE COVERAGE

| *This letter may be all that is needed when submitting for an Auto Accident Claim or to more liberal Insurance Providers:  |
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| {Date}   |
| {Insurance Company, i.e. State Farm Insurance Company} {Street Address} {City, State Zip Code}   |
| Attn: {Insurance Representative's Name if available}   |
| RE: {Claim Number if appropriate in case of an accident}   |
| Dear {Insurance Representative}:   |
| I am recommending and prescribing that {patient's name} obtains a BioMat® to aid in the management of her/his {condition, i.e. chronic musculoskeletal condition}. This would allow {patients name} to treat her/his {condition} at home as often as needed. Continued use in an ongoing manner is recommended because the healing effects are cumulative.   |
| The BioMat® is an FDA – approved medical device (FDA/UL License E203622, USFDA, Medical Device 2954299). The full description of this product is: Insurance Procedure 99070, Amethyst BioMat® Professional 7000 MX with Conducting Pillow for proper cervical alignment. The BioMat® is used in intensive care units and for post-operative treatment in hospitals in Japan and Korea and is gaining recognition in the United States rapidly. |
| My recommendation is medically necessary; however, should you have any questions or require additional information not to exclude submittal on a standard insurance claim form, please feel free to contact me at my office.   |
| Thank you, for consideration regarding this matter.  |
| Sincerely,   |
| {signature}  |
| {Practicing physician}   |
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