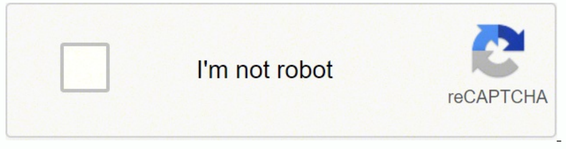


Open

Medical director report template

SAMPLE LETTER OF MEDICAL NECESSITY

Payers may require prior authorization or supporting documentation in order to process and cover a claim for the requested therapy. A prior authorization allows the payer to review the reason for the requested therapy and to determine medical appropriateness. A patient-specific letter of medical necessity will help to explain the physician's rationale and clinical decision-making in choosing a therapy. The following is a sample letter of medical necessity that can be customized based on your patient's medical history and demographic information. Please note that some payers may have specific forms that must be completed in order to request prior authorization or to document medical necessity.

[Date]

[Contact Name of medical director or other payer representative]
[Contact Title]
[Name of Health Insurance Company]
[Address]
[City, State, Zip]

Re: Letter of Medical Necessity for [Product] [strength]

Patient: [Patient Name]
Group/policy Number: [Number]
Date(s) of service: [Dates]
Diagnosis: [Code & Description]

Dear [Insert contact name or department]:

I am writing on behalf of my patient, [PATIENT NAME], to [REQUEST PRIOR AUTHORZATION/DOCUMENT MEDICAL NECESSITY] for treatment with [Product]. [Product] is indicated for treatment of [Indication Statement]. This letter serves to document that [PATIENT NAME] has a diagnosis of [DIAGNOSIS] and needs treatment with [Product], and that [Product] is medically necessary for [him/her] as prescribed. On behalf of the patient, I am requesting approval for use and subsequent payment for the treatment.

Patient Medical History and Diagnosis
[PATIENT NAME] is a [AGE]-year-old [MALE/FEMALE] diagnosed with [DIAGNOSIS]. [NAME OF PATIENT] has been in my care since [DATE]. As a result of [DIAGNOSIS], my patient [ENTER BRIEF DESCRIPTION OF PATIENT HISTORY]. Additionally, [PATIENT] has tried [PREVIOUS THERAPIES] and [OUTCOMES]. The attached medical records document [PATIENT NAME]'s clinical condition and medical necessity for treatment with [Product].

Based on the above facts, I am confident that you will agree that [Product] is indicated and medically necessary for this patient. The plan of treatment is to start the patient on [Product], and monitor and follow up as appropriate.

Please consider coverage of [Product] on [PATIENT NAME]'s behalf, and approve use and subsequent payment for [Product] as planned. Please refer to the enclosed Prescribing Information for [Product]. If you have any further questions regarding this matter, please do not hesitate to call me at [PHYSICIAN TELEPHONE NUMBER]. Thank you for your prompt attention to this matter.

Sincerely,
[PHYSICIAN NAME], <DEGREE INITIALS>
[PROVIDER IDENTIFICATION NUMBER]

Enclosures: (Attach as appropriate)
FDA approval letter
Prescribing Information (PI)
Clinic notes & labs

CC: [Medical Director, patient, specialty society, Insurance Commissioner]

RUX 1803w 08/16

STUDENT MEDICAL REPORT

This report is to be completed by a licensed practicing physician after a thorough physical examination of the student.

1. Student's Name _____

2. Student's Age _____ Sex _____

3. Name, Address, and Telephone of Examining Physician _____

_____

_____

To the Physician: Please complete the following:

Does the student have or show signs of the following:

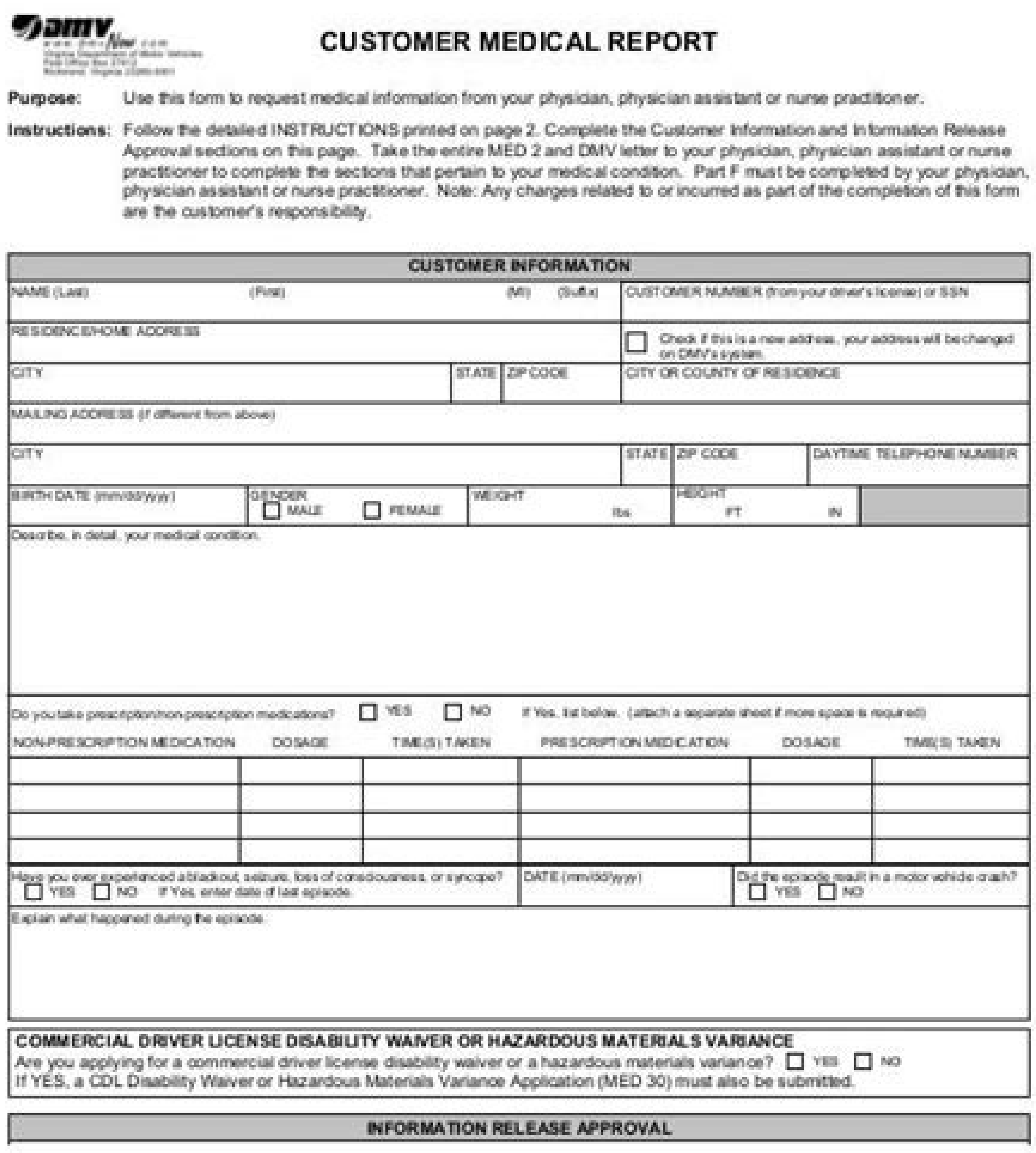
1. Tuberculosis _____
2. Asthma _____
3. Epilepsy _____
4. Diabetes _____
5. Hypertension _____
6. Allergies _____
7. Depresion _____
8. Psychosis _____
9. Any other mental illness _____
10. Other Communicable diseases _____
11. Any other illness that may impact on his or her ability to successfully undertake rigorous medical training. _____
12. Any additional Comments _____

Examining Physician _____

Board Certification(s) _____

Signature _____

Date _____



CUSTOMER MEDICAL REPORT

Purpose: Use this form to request medical information from your physician, physician assistant or nurse practitioner.

Instructions: Follow the detailed INSTRUCTIONS printed on page 2. Complete the Customer Information and Information Release Approval sections on this page. Take the entire MED 2 and DMV letter to your physician, physician assistant or nurse practitioner to complete the sections that pertain to your medical condition. Part F must be completed by your physician, physician assistant or nurse practitioner. Note: Any charges related to or incurred as part of the completion of this form are the customer's responsibility.

CUSTOMER INFORMATION

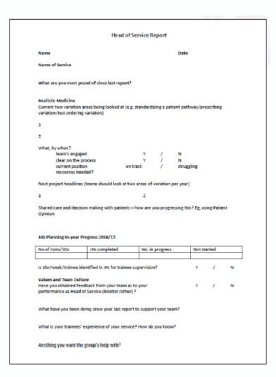
NAME (Last) (First) (MI) (Suffix) | CUSTOMER NUMBER (from your driver's license) or SSN
RESIDENCE/HOME ADDRESS | Check if this is a new address, your address will be changed on DMV's system.
CITY | STATE | ZIP CODE | CITY OR COUNTY OF RESIDENCE
MAILING ADDRESS (if different from above)
CITY | STATE | ZIP CODE | DAYTIME TELEPHONE NUMBER
BIRTH DATE (mm/dd/yyyy) | GENDER MALE FEMALE | WEIGHT lbs | HEIGHT FT IN
Describe, in detail, your medical condition.
Do you take prescription/non-prescription medications? YES NO If Yes, list below. (attach a separate sheet if more space is required)

NON-PRESCRIPTION MEDICATION	DOSAGE	TIME(S) TAKEN	PRESCRIPTION MEDICATION	DOSAGE	TIME(S) TAKEN

Have you ever experienced a blackout, seizure, loss of consciousness, or syncope? YES NO If Yes, enter date of last episode. | DATE (mm/dd/yyyy) | Did the episode result in a motor vehicle crash? YES NO
Explain what happened during the episode.

COMMERCIAL DRIVER LICENSE DISABILITY WAIVER OR HAZARDOUS MATERIALS VARIANCE
Are you applying for a commercial driver license disability waiver or a hazardous materials variance? YES NO
If YES, a CDL Disability Waiver or Hazardous Materials Variance Application (MED 30) must also be submitted.

INFORMATION RELEASE APPROVAL



The Pharmacy of AFCÃ ¢ â¡s provides drugs that help reduce the risk of dangerous medical events for life as a heart attack or stroke. Innovating constantly and trying to achieve excellence, AFC continues to look for ways to better serve our patients, to efficiently collaborate with partners to provide the best treatments at the lowest possible cost for our community and to reach those who They are subvertips from a medical point of view. Bluechip is supplied with many report models, and you can design or import your own. Over 60% of our patients suffer from one or more serious pathologies, including diabetes, hypertension or cancer. ã, ã, ã, to copy a report template, locate and select the report template and click ã, you will be asked to give a copy name, after which you return to the Report Setup window where the new model is available Report. Our strong partnership with the Arlington Food Assistance Center (AFAC), for example, allows us to provide additional resources to our patients. O, Ã, Ã, to edit a report template, locate and select the report template, and then click ã, the model is opened in Microsoft Word, where you can make the necessary changes. Celebrating the partnerships of the Arlington Free Clinic community is lucky enough to work with a network of enthusiastic and busy partners. 6.ã, Ã, Ã, Ã, Ã, click to confirm the settings. Provide our patients with an easily understandable list of drugs and instructions on how to take them properly complicated by linguistic barriers and literacy problems. The Report Configuration window appears. We are working to identify a process to ensure that both members of the AFC health care team that our patients have an accurate and accessible list of drugs that are taking. OÃ, nu nu icsiresnI Ã Ã Ã Ã Ã Ã Ã Ã Ã Ã Ã Ã Ã Ã.3 .enoizarepo atseuq eramrefnoc id otseihcir Ãrrev iT Ã us cilc eraf idniuq e atsub id olledom li eranoizeles e eraudividni ,otroppar id olledom nu eranimile reP Ã .CFA TA EREHE ENO DNIF EMOH LACIDEM A FO DENEN NI TSOM STNEDISER NOTGNILRA EHT TAHTE ERUSNE OT DNA DEEN STNEITAP SUMANIZES EHT OLLA EDIDRP OT) NAPS-A (KROWTEN ECNATS SÂ ™ Â â € ¢ ELPOEP TEERTS NOTGNILRA DNA) CEES (RETNEC NIITAcude dNA tnemyolpmE notgnilrihS ekil snoitazinagro rehto HTIW spihsnoitaler cane nehtgnerts Nos gnikrow era eW .devlosernu seussi htlaeh regral evael dNA smelborp etaidemmi sserdda ylno taht Smoor ycnegreme yltsoc fo that stneitap peek Nos si laog cane .erac tnegru rof), CHV (retneC latipsoH ainigriV to moor ycnegremE EHT TISIV OHW STNETAP SUSA YLUFERAC EROM GNIKOOL FO SSECORP EHCS NI SE CFA ERAC YCNEGREME GNISSERDDA .Reutaf ElbaeEserof Eht ROF HGIH Niamer Ot Deen Eht Etapicitna Ew DNA, YTICAPAC SUMA DEECXE OVERG OT SUMITSNOC SECIVRES SUPPORT Stneilc Cafa Etacude Ot Su Swolla Osla PiSSRENTRAP Siht, Niiticude Noitijun DNA Doof Yhtlaeh OT SSECCA Evah Stneitap Cfa Tait Gnirusne OT Noitidda Ni .Esu ROF YDAER WON SI ETAlpmet Epolevne Eht EHEHW, Piaceulb ot denruter eb LLIW UOY DNA, DROW TFOSORCIM ESOLC YHW TFSINIF EVAH UOY NEHW .YRASSECEN SA ETALPMET TROPER ROOY YFIDOMÂ Ã, Ã, -PORD DETAICO EHT MORF EPYT TROPER A TCEESÂ Ã, ã Ã,4 .erofeb Reve Naht Sretlehs Lacol DNA RetNec Latipsoh Ainigriv Morf Slarrefer Erom GniVener Si DNA Seirettol SUSA HTNOM HCAE SECAF Wen Ees OT Seuditnoc CFA, TCA ERAC ELBADROFFA EHT FO EGASSAP EHT ECNIS EHAC HTLEEH NI SEGNAHC EHT ETIPED) ESOMANTEVIVA Ã, UDRUS Ã,, HSKRUT Â Ã,, IAHTÂ Ã, LimatÂ Ã,, Golagatâ, , naibresâ Ã,, female Â ã ,, bajnupâ Ã,, hsilopâ ã,, nainodecamâ,, nainodecamâ,, naerokâ Ã,, ring, nailati, femaleodniâ Ã,, idnihâ Ã,, keeer Ã ,, hcnerfâ Ã ,, , HSILGNEÂ Ã ,, IRAD, Nitaorcâ ã ,, ESENIHCÂ Ã,, ESEMRUBÂ Ã,, NAINSOBÂ Ã ,, IlagnebÂ Ã,, Cibara Â Ã Ã Ã, Elbaliava Snoisrev FDP Elbatnirp (+ 01K Lagnilitlum: Portswen Gnirps Ruo Morf Selcitra Erom Daer. SRAEPPA WODNIW ETALPMET TROPER WEN EHTÂ Ã, KCILCÂ Ã, , Â Ã,.2 .TALPMET TROPER WEN EHT ROF striving to understand and overcome challenges related to medication compliance in order to optimize our pharmacy program¢ÃÂÂs effectiveness. oÃ ÂÃ ÂÃ ÂÃ ÂÃ ÂÃ ÂTo add a report template, continue now to Step 2. Affordable access to needed medications in conjunction with information on how to take them properly allows patients to make the most of the care they receive at AFC. We began screening our patients for food insecurity, and as we uncover need we are able to refer patients to AFAC for supplemental groceries. A variety of Reports can be printed from Bluechip, with each of these reports being based on a templates. AFC staff has attended AFAC food distributions to share information about becoming a patient, as well as referrals for free mammograms and breast health education. You can also export Report templates, for use in other applications. The New Report Template window closes, and Bluechip opens Microsoft Word, ready for you to design your new report template. oÃ ÂÃ ÂÃ ÂÃ ÂÃ ÂÃ ÂTo export a report template, locate and select the report template and then click Ã ÂYou will be prompted to select a location to export the template to. Thank you for continuing to support the mission of Arlington Free Clinic. This also gives you an opportunity to rename the template, if you desire. Even though our patients have a medical home at AFC, there can be a large degree of education involved in increasing the ability of patients to manage their own health and make appropriate decisions about when and where to seek care.Ã ÂOnce we have better data on who is using the ER and why, we are hopeful that we will be able to meet some of these urgent needs here at AFC.Ã ÂAdditionally, we are trying to improve the communication with VHC to provide the necessary and timely follow up care for our patients seen there for true emergencies or scheduled surgeries and procedures. AFAC has also come to AFC during evening clinic sessions to provide cooking for patients, highlighting ways to incorporate healthy ingredients at affordable prices into our meal ÂÂ to complement our already robust business program well-being. Compliance medicines A critical factor in treating patients¨ ensuring compliance with medicines, as medication errors can be a significant source of measurability and death healthcare. 5.Ã Ã Ã Ã Ã Ã Ã   Ã 1.Ã Ã Ã Ã Ã Ã Select Setup > Templates > Reports. Relationships.

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