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We are in need of a **Letter of Medical Necessity** for _____.

For your convenience, we have provided this template that you may use when creating your letter. Please fax us a typed letter, on your letterhead, as soon as possible for our above-named, mutual patient. This is required to submit for insurance approval.

Thank you for your assistance.

Sample Letter

Date:
Doctor's Name:
Address & Contact Info:
Re: Patient's Name
DOB:

To Whom It May Concern:

Our office has seen the above-named patient for _____ years. (He/She) suffers from the following comorbidities: (List any diseases related to obesity, such as hypertension, diabetes, sleep apnea, degenerative joint disease, etc.) (His/Her) current weight is _____ lbs, and BMI is _____. The patient has undergone the following weight loss attempts: (List any previous attempts including Weight Watchers, Jenny Craig, Nutrisystem, Slim-Fast, HMR, etc., or any therapies you have prescribed.) I feel this patient would benefit from weight loss surgery because (he/she) has been unsuccessful losing weight with other diet methods, and (his/her) medical conditions will become life-threatening if (he/she) does not get help getting (his/her) weight under control. I appreciate your consideration for approval. Please feel free to contact me for any further information.

Sincerely,

(Physician's Signature)

PRIMARY CARE DOCTOR SUPPORT DOCUMENT

Date: _____
(Enter Today's Date)

My Patient: _____ DOB: _____

Weight: _____ BMI: _____

is currently being evaluated for bariatric surgery at Mercy Weight Management Center.

My patient has the following medical conditions:

- Diabetes
 - Hypertension
 - Sleep apnea
 - Joint pain site: _____
 - Other weight-related conditions as follows: _____
-

My patient has undergone the following weight loss attempts:

- Weight Watchers
 - Jenny Craig
 - Nutrisystem
 - Slim-Fast
 - HMR
 - Any therapies you have prescribed: _____
-

Is taking the following medications: _____

It is my belief this patient would be a good candidate for weight loss surgery.

Additional Comments:

Physician Signature: _____ Date: _____