

Date

Re: Request for medical necessity for referral to Insurance Company, \_\_\_\_\_.

To Whom It May Concern:

I am writing in regards to my patient, \_\_\_\_\_, who is currently under my medical supervision for primary care.

Despite efforts over multiple visits we have been unsuccessful in attaining any significant weight loss up to this time. Behavior modifications have been discussed such as incorporating exercise, adhering to a low fat diet, caloric restriction, and other: \_\_\_\_\_.

As a result of his/her weight the below complications have resulted (type 2 diabetes, OSA, hypertension, joint pain, metabolic syndrome, etc) with ICD 10 Codes:

1. -
2. -
3. -
4. -

I have determined that there is no endocrinologic cause of obesity in above named patient and I am recommending medical weight management be performed in an outpatient facility called Cryo and Contour PLLC with close medical and laboratory monitoring to assist our patient in attaining weight loss goals in order to prevent further health complications and potentially reverse those listed above.

Should you require further information, please contact my office at \_\_\_\_\_.

Sincerely,

Primary Care Provider