Letter of Medical Necessity

The Socialite Hair Co.

Patient Information

Patient Identifier	Details
Patient Full Name	Person
Date of Birth	Date
Phone Number	Person

Clinical Documentation

Assessment Field	Provider Input
Primary Diagnosis	[Enter diagnosis code and description]
Medical History	[Provide relevant medical history and previous treatments]

Statement of Medical Necessity

Due to the patient's medically documented hair loss, a cranial prosthesis is medically necessary to restore scalp coverage and improve quality of life.

Provider Authorization

I, the undersigned, certify that the above-named patient is under my care and that the prescribed medical treatment is medically necessary for the patient's health and well-being.

Authorization Type	Input
Provider Signature	Person
Date of Signing	Date
Practice Name	Place
NPI Number	[Enter NPI]

This document is intended for medical insurance reimbursement purposes for cranial prosthetics.