

Sample letter

Office stationary

Date: February...2017

RE: Name and last name

DOB :

Medicaid ID:

To whom it may Concern

I am the physician (Neurologyst/Pediatrician/Primary) treating the above named patient. is a..... year old male and has been diagnosed with Autism Spectrum Disorder (ICD 299.00). It is medically necessary for him to receive Behavioral services in order to reduce maladaptive behaviors, teach appropriate social and communication skills to avoid any further medical interventions and allow him/her to interact/participate in educational /recreational environments with typical children .

It is medically necessary for to receive Behavior Analysis combined services for a maximum 40 hours per week.

Should you have any questions please do not hesitate to contact our office.

Sincerely,

Licensed MedicaI Physician #