

# Sample Medical Necessity Letter

**[Date]**  
**[Insurance Company Name]**  
**[Insurance Company Address]**  
**[City, State, Zip Code]**  
**In reference to: [Patient Name]**  
**[Policy #]**  
**[Group #]**

To Whom It May Concern:

This coverage request letter concerns treatment of the above patient, who is under my medical care. This treatment includes BONIVA® (ibandronate sodium) Injection, for the treatment of **[insert diagnosis]**.

This patient visited my office on [insert date], at which time I made a diagnosis of **[diagnosis, with ICD-9 code]**. The details of examination include **[list pertinent details, including patient's current medical condition, current related treatments, relevant medical history, the patient's history of previous treatments and responses to those efforts, etc]**.

## **[INSERT EXPLANATION OF MEDICAL NECESSITY]**

Because I consider BONIVA to be medically necessary for this patient, I expect that your coverage of the cost of medication would be appropriate and in line with coverage of other medically necessary medications. For your consideration, I have enclosed complete product information for BONIVA, as well as documentation specific to my patient's case.

Should you have any questions, please call me at **[insert physician's office phone number]**.

Sincerely,  
**[Physician's Name]**  
**[Physician's Practice Name]**

The coding, coverage and payment information contained herein is gathered from various resources and is subject to change without notice. Roche and GSK cannot guarantee success in obtaining third party insurance reimbursement. Third party payment for medical products and services is affected by numerous factors. It is always the provider's responsibility to determine and submit the appropriate codes, charges and modifiers for services that are rendered. Providers should contact third party payors for specific information on their coding, coverage and payment policies.

See back cover for Important Safety Information for BONIVA Injection.

Please see complete Prescribing Information contained in front pocket.

once-quarterly  
**Boniva**®  
ibandronate sodium  
injection