

[insert date]

[insert insurance company name and address]

RE: [insert patient's name] Date of Birth:

Group #: ID#:

To Whom It May Concern:

Ms/Mr. [insert patient's name] has been a patient of mine for [insert number] years. Patient is (height) and weighs (weight) lbs. with a BMI of [insert patient's BMI]. Patient has been excessively overweight for some time now and will benefit from Bariatric surgery. In addition to morbid obesity, the patient is suffering from the following comorbid conditions:

[insert comorbidities, e.g. exertional dyspnea, urinary incontinence, sleep apnea, hypertension, diabetes, degenerative joint disease, osteoarthritis, hypercholesterolemia, hyperlipidemia, shortness of breath, etc].

Patient has tried many methods of weight loss including diet pills for [insert length of time] with [insert number of pounds lost and whether they were regained or not], physician-administered diets for [insert length of time] with [insert number of pounds lost and whether they were regained or not], WeightWatchers, etc. The patient is limited due to her comorbidities in her ability to exercise but has tried [list all attempts and any successes or regaining of weight].

Family medical history is positive for [insert medical conditions, e.g. obesity, hypertension, diabetes, hypercholesterolemia, etc].

I am respectfully requesting pre-authorization for Bariatric surgery to include patient's benefits and coverage. Thank you for your kind consideration in this matter.

Sincerely,

[Physician Name]