

DRAFT

May 6, 1999

Mr. John Doe
C/O Bogus Brothers
9999 W. Passyunk Avenue
Philadelphia, PA 19145

RE:

Dear _____

I am writing this letter as a letter of medical necessity for _____ whom I follow in the Department of Rehabilitation Medicine in the University of Anywhere Health System.

As you know, _____ has a diagnosis of Cerebral Palsy with Spastic Quadripareisis and a Neuromuscular Scoliosis that is slowly progressive. He has a Para paresis and a neuromuscular scoliosis in the lower extremity with associated equinovarus deformity there.

Further, as part of neuromuscular scoliosis, there has been inevitable spinal and nerve root compression causing deficits in sensation in his feet. Thus, I believe that a pair of custom molded therapeutic shoes is medically necessary and absolutely essential for him. These are necessary to accommodate his foot deformity and sensory deficits.

I believe that these shoes should be reimbursable. They are necessary because they will allow him some stable support for pivot and scooting transfers as his feet hit the ground.

Further, they will protect his feet from skin breakdown, which would be inevitable, if he were to continue to wear regular shoes or even off the shelf sneakers. Thus, I support the therapeutic shoes that are custom molded as an essential piece of medically necessary equipment for _____.

Please call me if you have any questions.

Sincerely,

Jane A. Doe, M.D.

