

## PATIENT SAMPLE LETTER OF MEDICAL NECESSITY

RE: [Patient Name]  
[Date of Birth]  
[Policy Number]  
[Claim Number]

Request: Authorization for treatment with [Drug Name]  
Diagnosis: Severe Alopecia Areata

[Date]

Dear [Insert Insurance Company],

[My name/My child's name] is [Patient Name], and [I've/he's/she's/they've] have been diagnosed with severe alopecia areata for [duration of condition]. I wanted to share my personal experience with alopecia areata to help plead my case and justify why [I am/my child] is an appropriate patient for treatment.

### Patient's Story and Experience with alopecia areata:

Patient/Caregiver Instructions: Use this open field to share your/your child's experience with alopecia areata, including details such as:

- [Describe the various locations of hair loss on your body (include if your hair is currently/actively shedding)]
- [Previous treatments and your response to those treatments]
- [Current treatment and your response to those treatments]
- [If you have discontinued any treatments/therapies, please explain why]
- [Any impact the disease has made on your life]
- [How this condition makes you feel]

Sincerely,  
[Patient Name]

Add a photo here  
that shows the  
severity of your  
alopecia areata

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