

EXHIBIT D

Example Cover Letter

Dear [Doctor name]:

I am the prosthetist who treats [Patient Name]. The insurance provider has recently set forth specific requirements regarding physician documentation for prosthetic devices. Without that documentation, I am not able to deliver medically necessary care and treatment to our mutual patient, [Patient Name]. This letter is intended to provide a quick summary of insurance provider's latest requirements so that we can together work for the benefit of [Patient Name].

Generally speaking, insurance providers want to see that your medical records corroborate my findings/ recommendations. Your records can be in the form of previous chart notes and/or a full, current patient physical evaluation. At a minimum, insurance providers require that the physician notes contain documentation supporting the following information:

1. [Patient Name]'s functional abilities, including your specific findings regarding whether [Patient Name] has the potential to ambulate with variable cadence and has a lifestyle that demands more than simple locomotion
2. [Patient Name] past history, including prior prosthetic use and other assistive device use (if applicable)
3. [Patient Name] current condition, including the status of [his/her] residual limb
4. The nature of any other medical problems [Patient Name]
5. [Patient Name] desire to ambulate
6. Your signature and the date of that signature on the attached Detailed Written Order
7. If you deem it appropriate or necessary, [Patient Name] can be referred to a PM&R specialist and/or a physical therapist for a full evaluation and report. Once a report from either of those specialists is sent to you, reviewed, acknowledged by you in the form of your signature on the report, and placed in the medical records, it constitutes appropriate documentation based upon insurance provider's guidance.

If I can answer any questions you may have about insurance provider's documentation requirements for prosthetic care, please do not hesitate to contact me directly. Otherwise, thank you in advance for providing the insurance provider-required documentation that will permit me to deliver [Patient Name] the medically necessary prosthetic care and treatment [he/she] requires in a timely fashion.

Regards,

[Prosthetist Name]

[Prosthetist Certification]

[Certification Number]