

July 6, 2011
Case Management
Blue Cross Blue Shield
4510 13th Ave. S.
Fargo, ND 58108-0001

Re:
Benefit Plan:
Date of Birth:
CHN#:

To Whom It May Concern:

I am writing on behalf of (pt's name) to request additional coverage for outpatient Medical Nutrition Therapy (MNT) for Anorexia Nervosa.

(Pt's name) has been in inpatient treatment for her eating disorder four times already. I have worked sporadically with her due to limited finances. (Add patient's personal information regarding inpatient treatment, commitment to recovery, BMI, etc).

In order for (pt's name) to be successful with outpatient treatment of her Anorexia Nervosa, she will need frequent nutrition therapy sessions. I am requesting an additional 10 MNT visits for the remainder of 2011. This would provide (pt's name) with bimonthly MNT visits.

My NPI number is _____ and my location of care is (workplace) in (city). The notes of my sessions with (pt's name) are documented in our Centricity documentation system. Should you need any additional information to consider this request, please feel free to contact me at (phone number).

Thank you in advance for your consideration of this request on (pt's name) behalf.

Sincerely,

(name and credentials)
Licensed Registered Dietitian