

# Example 1: Letter of Medical Necessity

April 1, 2014

PATIENT: Adam Smith, male, born November 7, 2010  
4726 Anywhere Street, Somewhere, PA 10001 USA

To Whom It May Concern,

Adam was born prematurely and suffered a brain bleed at birth. He was hospitalized in the NICU from November 7 to December 1, 2010. Adam has global Developmental Delay (GDD) and he has had major delays in attaining his gross and fine motor milestones, and server delays in speech/comprehension. At 22 months old, he does not know his own name, he cannot point, and he is unable to comprehend or follow any simple commands. A child psychologist at the Glenrose Rehabilitation Hospital has assessed Adam as possibly having and Autism Spectrum Disorder on September 14, 2014.

When attempting to put Adam to bed, he flaps, kicks, rolls, and head-butts. He is not safe in a regular crib, since he would hit the crib and injure himself. He has been sleeping in a soft portable cot to reduce the risk of injury. His parents watch him on a video monitor to ensure that he sleeps.

Adam has recently learned how to pull himself to a stand and walk. He requires constant 1:1 adult supervision to prevent injuries while walking, since he has low truncal tone and a very unsteady gait. He frequently trips and falls.

Adam has grown in strength, height and weight (roughly 35" tall, 28lbs). He is now able to rick the sides of the cot and is attempting to climb out of it. If he managed to get out of the cot, he would risk serious injuries from tripping/falling and hitting his head on the wall, the floor, or on furniture.

The Safety Sleeper is a fully enclosed and portable bed designed for issues with sleep walking, night wandering, elopement, and falling out of bed. It has a strong frame, fire retardant materials, breathable transparent mesh screen, and specially designed zippers that prevent the user from being able to get out of the enclosure by themselves. It is a secure and non-threatening structure that can be used for many years.

**The Safety Sleeper is medically necessary for Adam Smith to prevent unsupervised wandering and dangerous physical injury due to his major cognitive and physical limitations form his Global Developmental Delay and possible Autism Spectrum Disorder.** He lacks the cognitive ability to stay in bed and he has outgrown his current sleeping cot. He would badly injure himself if he was not in a completely enclosed bed with a soft mesh structure. It will also ensure the Adam has a safe and secure sleep environment, so he can get the restorative sleep that he needs.

Please feel free to contact me if you have any questions,

Sincerely,

{INSERT DOCTORS NAME AND CONTACT INFORMATION}

## Example 2: Letter of Medical Necessity

To Whom It May Concern:

**JANE DOE** is a 9 – year old girl with **INSERT DIAGNOSIS**. She weighs 65 pounds, is 44 inches tall. She has moderate global developmental delays and suffers from microcephaly, apraxia, low muscle tone in both upper and lower extremities, scoliosis, night time seizure activity and many symptoms commonly found in autism. The combination of conditions makes her especially unsteady when tired or just waking up. She is mobile with supervision. She suffers from frequent night time seizures. She is almost completely non-verbal. She has outgrown in both weight and length the safe use of a crib. She is in need of an adaptive or safety bed for both her safety and development.

When her parents had her in a bed without protective sides she has fallen out of bed and had injuries to her head, torso, and extremities. She does not have the muscle tone nor cognitive skills to stop herself from falling out. In addition, it is unlikely that should she become even moderately trapped or entangled would she be able to extract herself or prevent injury. On her last two visits to the hospital she sustained injuries to her appendages from the large gaps in the side rails and only caregiver interventions prevented her from falling out of the bed even with side rails. Mattresses on the floor are a violation of Child Protective Service standards. Further, her global delays coupled with the inability to talk make her unable or unlikely to call for help in an emergency situation. Night time seizures increase her risk of entrapment. The FDA has determined that 77% of entrapment or entanglement circumstances result in either injury or death among frail or handicapped persons.

We have researched the available products with the assistance of her physician. She needs a safety or adaptive bed that is designed for someone her size and larger, that will protect against entrapment and entanglement, that will prevent falls from bed, and that minimizes the likelihood that she will climb over the rails. She needs a twin size or larger safety bed with 360-degree unbroken perimeter and safety sides that exceed 20 inches above the sleeping surface.

The Safety Sleeper™ is FDA registered class 1 medical product which meets the 7 zones of entrapment criteria. The bed is enclosed with zipper access on the outside and the cost of the bed is less than others on the market starting at \$4000 while similar beds can be upwards of \$10,000 for the same quality of safety. The bed is versatile and can be used outside the primary caregiver's home unlike other products.

As you will agree The Safety Sleeper™ bed is the ideal product to satisfy the medical needs for **Jane**. Thank you in advance for your consideration and prompt attention.

Sincerely,

Susie Somebody, PT