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Letter of Medical Necessity for Saunders Cervical Hometrac

Patient's Name: _____ DOB: _____
Insurance ID#: _____ ICD-9 Code: _____

The above named patient has been under my care since _____, receiving treatment for the referenced diagnosis.

To treat this diagnosis, I have prescribed the Saunders Cervical Hometrac. Traction is commonly used to treat the patient's condition. The appropriate use of a home cervical traction device has been demonstrated, and the patient tolerates the device.

The Saunders Cervical Hometrac is the recommended method of providing home cervical traction because the following checked conditions apply:

- I have ordered greater than 20 pounds of cervical traction force.
- The patient has a diagnosis of TMJ and has received treatment for TMJ dysfunction.
- The patient has distortion of the lower jaw or neck anatomy that precludes the use of a chin halter.

I certify that I am the attending physician of this patient and the durable medical equipment prescribed to the patient is reasonable and medically necessary. It is not a convenience item.

Signature of Prescribing Physician

Date

Print Physician's Name

UPIN

Address

Phone #