



“Improving lives one FOOT and one HOOF step at a time.”

Letter of Medical Necessity

RE: Coverage for Therapeutic Riding

Client Name:
Date of Birth:
Diagnosis:

Dear Healing Hoof Steps:

I am writing on behalf of my patient, _____ to document the medical necessity to treat their _____ with Therapeutic Riding lessons.

This letter serves to document my patient’s medical history and diagnosis and to summarize my treatment rationale.

Summary of Patient’s Medical History and Diagnosis

(Name) _____ is _____ years old and was initially diagnosed with _____ on _____ [Date]. _____ has been in my care since _____.

[Please provide a discussion of the patient’s clinical history, current symptoms and condition, any potential contraindications, and any relevant laboratory test results, highlighting the factors leading you to recommend use of the product]

In summary, Therapeutic Riding is medically necessary and reasonable to treat _____ (Patient’s name & Diagnosis) and I ask you to please consider coverage of Therapeutic Riding on _____ behalf. Please refer to the enclosed supporting documents for further details, and do not hesitate to call me at _____ if you have any questions or if you require additional information.

Sincerely,

Prescribing Physician:
NPI:

Healing Hoof Steps
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