

Date: \_\_\_\_\_

Contact Name/Department: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

RE: Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Policy/Group Number: \_\_\_\_\_

To Whom It May Concern:

I am writing this letter to support my request to treat my patient [listed above] with Hymovis (high molecular weight viscoelastatic hyaluronan) injections given at weekly intervals. I have outlined below my patient's medical history, prognosis, and treatment rationale for your review.

**Summary of patient history:** [include history, diagnosis, symptoms, previous and current therapies, including response to previous and current therapies]

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**Proposed treatment plan with Hymovis:** [include why patient meets approved indication for Hymovis and summary of your professional opinion on patient's prognosis/outcome without Hymovis]

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In summary, I believe it is medically appropriate and necessary to treat this patient with Hymovis at this time, and I am requesting its coverage and reimbursement. I have included the package insert for Hymovis, which details additional clinical information about this FDA-approved product.

Thank you for your consideration in approving this claim. Please contact me if you require any additional information.

Physician's Name: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_