

REIMBURSEMENT GUIDE

LIGHT THERAPY FOR SEASONAL AFFECTIVE DISORDER

Letter of Medical Necessity Example

This letter is for the doctor/medical professional to fill out. It describes the symptoms and proper diagnosis for SAD. It also describes the cost effectiveness over conventional antidepressant medication.

To whom it may concern,

This is to certify that _____ has been a patient of mine since _____, 20____.

I have treated him/her for recurrent major depressions (DSM-IV 296.3), with a seasonal pattern. This condition, also known as Seasonal Affective Disorder (SAD), has been shown in many studies in the United States and elsewhere in the world to respond to treatment with bright environmental light (light therapy).

Light therapy is no longer considered experimental, but is a mainstream type of psychiatric treatment, described in: The Task Force Report of the American Psychiatric Association: Treatment of Psychiatric Disorders, Vol. 3, pages 1890-1896, APA Press, 1989.

In order to administer light therapy adequately, a quality light box, such as those manufactured by the Northern Light Technologies Company is required (see attached invoice).

Although a light box is an expensive piece of equipment, the experience of clinicians who have used it for many patients indicates that it saves a great deal of money in the long run, by reducing the number of doctors' visits and laboratory investigations of persistent symptoms, as well as the indirect costs of lost productivity.

I contend that in _____'s case the use of the light boxes from Northern Light Technologies, Inc. should be regarded not only as a medical necessity, to be used in preference to (or in addition to) other forms of treatment, but also as a means of reducing his/her overall medical costs.

Sincerely,