



Name: _____ **Date:** _____

Address: _____ **Insurance No.:** _____

Name of the insurance company Representative you spoke with (if applicable): _____

Title of representative (if applicable): _____

To whom it may concern,

This letter is regarding the recommendation by my physician: _____ for the use of a 10,000 Lux Light Box. Included are the following documents:

1. Cover Letter
2. Prescription
3. Invoice from Northern Light Technologies
4. Insurance Form
5. Additional resources (if applicable)

I would like to communicate that I am capable of implementing the proper use of a 10,000 Lux Light Box as has been outlined to me by my physician. I am eager to benefit from this form of therapy and believe it to be a necessity to my overall health and wellbeing as has been explained by my physician. The additional resources I have included further show the efficacy of this therapy for my case.

I hope this can be settled in a timely manner as the sooner I receive coverage for the 10,000 Lux Light Box the sooner I can focus on my healing process. Thank you kindly for your prompt consideration of this matter.

Sincerely,

Name: _____ **Signature:** _____