

This letter template is provided to healthcare providers to assist when communicating with insurance companies with respect to Integrative Therapeutics, LLC's Physician's Elemental Diet™ product ("Product"). The language provided herein is provided as guidance and Integrative Therapeutics, LLC makes no representation or warranty that insurance companies will provide coverage for the Product if this template is provided to insurance companies. Further, Integrative Therapeutics, LLC does not provide medical advice and does not participate in the determination of what constitutes proper medical care for individual patients. It is the responsibility of the healthcare provider to evaluate the patient to determine the best treatment for the patient's condition, which may include prescribing the Product.

Date: _____
(MM/DD/YYYY)

To: _____
(INSURANCE COMPANY)

From: _____
(HEALTHCARE PROVIDER)

**Re: Request for Coverage/Reimbursement for Integrative
Therapeutics® Physician’s Elemental Diet™ Product.**

The purpose of this letter is to request insurance coverage and reimbursement on behalf of my patient, _____.
(PATIENT NAME/DOB)
Based on the patient’s medical history and the diagnosis of _____,
DIAGNOSIS OR CONDITION
I have prescribed the above product for the dietary management of the patient’s _____.
DIAGNOSIS

ADD FURTHER INFORMATION AS MAY BE REQUIRED BY INSURANCE COMPANY TO VERIFY THE MEDICAL NECESSITY FOR PRODUCT, INCLUDING: (I) THE DIAGNOSIS; (II) ANY DOCUMENTED FAILURE OR INTOLERANCE OF OTHER FORMULAS; (III) PATIENT’S WEIGHT, HEIGHT, AND BMI; (IV) HISTORY OF WEIGHT LOSS; (V) LAB RESULTS; (VI) MEDICATIONS; AND (VII) POTENTIAL OUTCOME IF DENIED.

Physicians’ Elemental Diet™ Dextrose Free is an elemental powder medical food formulated for the dietary management of gastrointestinal dysfunction, including Inflammatory Bowel Disease (IBD), Irritable Bowel Syndrome (IBS), and Small Intestinal Bacterial Overgrowth (SIBO). Physicians’ Elemental Diet Dextrose Free is a strictly hypoallergenic formula designed to maintain nutritional sustenance as a sole source of nutrition for up to four weeks as directed by a healthcare professional for patients who have limited or impaired capacity to digest, absorb, or metabolize ordinary foods or certain nutrients.

Thank you for reviewing this request. If you need further information, please feel free to contact me.

Sincerely,

