

Treeline Enrichment, LLC  
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## Letter of Medical Necessity

A Letter of Medical Necessity (LMN) is a letter from a primary care physician providing Treeline Enrichment, LLC with a diagnosis for referring a client for service. If you plan to seek reimbursement from your insurance provider, you will need a letter of medical necessity. If you do not plan on seeking reimbursement from your insurance, this is not required, however it is valuable to communicate with your primary care physician about the services you are seeking for your child.

Please ask your physician to complete this blank Letter of Medical Necessity or ask them to write one for our records. Once signed, please provide the signed copy to your therapist or send the signed copy with secure messaging using TheraNest. Your physician's office may call 863.271.4519 to discuss or they may email us at info@treelineenrichment.com.

# Letter of Medical Necessity

\_\_\_\_\_  
Date

To Whom it May Concern,

This letter certifies that \_\_\_\_\_,  
(Patient/client Name)

D.O.B.: \_\_\_\_\_, requires occupational therapy services for the

purpose of (check at least one):

- improving functional skills: (eating, sleeping, toileting, self-calming, motor skills, play skills)
- rehabilitation of lost skills: (due to injury or illness)
- preventing further loss of function: (person is at risk of becoming unsafe or further significant delay without intervention)
- safety at home

Current diagnoses include (Please list and use back of form if needed): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

My signature indicates that without these services, the above named person is at risk of increasing potential for further delay and immediate loss of function.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Physician Printed Name

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Fax Number