

**Melanie Davis**

7956 S Aberdeen St  
Chicago, IL 60620  
(312) 438-7766

**Re:** Request for New Extra-Duty Power Wheelchair

**Member Name:** Melanie Davis

**Date of Birth:** October 29, 1966

**Member ID:** [144693520]

Dear Meridian Representative,

I am writing to request approval for a new extra-duty power wheelchair that is medically necessary for my daily mobility and quality of life.

I am currently unable to use a manual wheelchair due to my physical condition, which limits my upper body strength and makes it impossible for me to propel myself. A power wheelchair is essential for me to move around safely and maintain some level of independence.

My current power wheelchair is no longer meeting my needs. Over time, I have gained weight, and unfortunately, this chair is not built to support my current weight. As a result, it has become unsafe and unreliable. On top of that, the chair is now broken and has been declared non-repairable. I have been evaluated by my healthcare provider, who has recommended an **extra-duty power wheelchair** that can properly support my weight and accommodate my mobility needs.

I am asking that you please consider this request for a new, medically necessary power wheelchair. I have attached supporting documents from my doctor and wheelchair provider, including medical records and the evaluation recommending the specific type of chair I need.

Thank you for your time and attention to this matter. Please let me know if you need any additional information to move forward with this request. I sincerely appreciate your help.

Sincerely,

**Melanie Davis**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

---