

03/23/2024

Attention: Medical Director

UnitedHealthcare

RE: Patient Name: Yubin Park

Policy Holder Name: Yubin Park

Patient ID #: 123456789A

Policy, Group, or Claim #: CLAIM1234567890

Dear Madam/Sir:

This letter is to request approval for the surgery, hospital, and post-surgical care associated with Bariatric Surgery for Yubin Park. This patient is scheduled for surgery on 05/21/2024. I have attached clinical documentation to support a determination of medical necessity for Bariatric Surgery.

The Bariatric Surgery is clinically appropriate for my patient as my patient has a BMI of 40 kg/m<sup>2</sup> and has unsuccessfully attempted weight loss through diet, exercise, and pharmacotherapy. These conditions significantly increase the risk of morbidity and mortality, and bariatric surgery has been proven to effectively reduce weight, improve or resolve comorbidities, and enhance quality of life. In addition, your health plan's coverage policy states that the Bariatric Surgery is considered medically necessary for patients with a BMI of 40 kg/m<sup>2</sup>. The enclosed information supports the presence of these/this risk factors in my patient. Therefore, I have determined that Bariatric Surgery is justified.

Based upon the above criteria and the information enclosed, I request that approval be granted for surgery for Yubin Park and all related services as soon as possible. Please fax your approval to my office at the following number 123-456-7890 or contact me with additional questions. I can be reached conveniently at 987-654-3210.

Sincerely,

Yubin Park, MD

Park Practice

Enclosures

- History and physical
- MD order and progress notes
- Pertinent test reports with written interpretation