

Replace CAPITALIZED words to individualize the narrative

DATE

To: **PATIENTS INSURANCE CO**

Re: PATIENT'S NAME, BIRTHDATE
INSURED'S NAME, INSURED'S SS# INSURANCE GROUP #,
INSURANCE ADDRESS

Dear Claims Department,
Your insured, PATIENT'S NAME, A XX YEAR OLD MALE/FEMALE,, sought treatment in our office on DATE OF EXAM. The following is a report of our findings.

SUBJECTIVE:

MR/MRS/MISS PATIENT'S. LAST NAME chief complaints were LIST CHIEF COMPLAINT. SHE/HE has been diagnosed with migraines by HIS/HER physician, PHYSICIAN'S NAME, (at PHYSYCIAN'S PHONE NUMBER) and has been prescribed NAME OF DRUG for the management of HIS/HER migraines. MR/MRS/MISS PATIENT'S LAST NAME reports a history of ACCOMPANYING SYMPTOMS AND SIGNS and frequently awakes with varying degrees of headache. MR/MRS/MISS PATINET'S LAST NAME stated symptoms of frequent headaches that DURATION OF ATTACKS and frequent, severe PRIMARY LOCATION OF PAIN pain that lasts for DURATION OF TIME.

The LOCATION OF HEADACHE headaches are WHERE THEY ARE THE WORST AND DEGREE OF PROMINANCE. HE/SHE frequently experiences NAUSEA/PHONOPHOBIA/PHOTOPHOBIA during these episodes. HE/SHE also experiences tender, sore or painful muscles for several days following an acute episode.

OBJECTIVE:

DEGREE OF (SEVERE/MOD/MILD) pain and tenderness was elicited upon palpation of the LOCATION (RIGHT/LEFT) AREA (TEMPORAL/CERVICAL/FACIAL). DEGREE OF pain and tenderness was also elicited upon palpation of the PARTICULAR MUSCLE.

ASSESSMENT:

In addition to Dr. PHYSICIAN'S LAST NAME diagnosis of common migraine (346.10), my additional diagnosis is atypical facial pain (350.2)..

PLAN:

Necessary treatment includes insertion of an NTI-tss appliance 21110-52 / BC/BS D7880. **The NTI-tss orthotic is an FDA approved device for prophylactic treatment of migraine pain.** (FDA 510(k) #K010876) The NTI-tss system exploits the naturally protective nociceptive trigeminal inhibition reflex, which prevents the powerful temporalis muscles from contracting with full intensity while the patient is asleep, thereby reducing the neuromuscular component of the migraine attacks.

This report is to provide insurance carriers with the medical necessity for treatment. All of the necessary patient information is provided herein for expedient claims processing.

Sincerely,

TREATING DOCTOR'S NAME

cc: PATIENT'S NAME