|  |
| --- |
| COVER LETTER  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Insurance No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Name of the insurance company   
Representative you spoke with (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Title of representative (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

re: HCPCS E0203  
Therapeutic Light Box (10,000 Lux)

To whom it may concern,  
  
This letter is regarding the recommendation by my physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the use of a 10,000 Lux Light Box. Included are the following documents:

1. **Cover Letter**
2. **Prescription**
3. **Invoice** from Northern Light Technologies
4. **Insurance Form**
5. **Additional resources** (if applicable)

I would like to communicate that I am capable of implementing the proper use of a 10,000 Lux Light Box as has been outlined to me by my physician. I am eager to benefit from this form of therapy and believe it to be a necessity to my overall health and wellbeing as has been explained by my physician. The additional resources I have included further show the efficacy of this therapy for my case.

I hope this can be settled in a timely manner as the sooner I receive coverage for the 10,000 Lux Light Box the sooner I can focus on my healing process. Thank you kindly for your prompt consideration of this matter.

Sincerely,  
  
Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_