

**COVER LETTER**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Insurance No.: \_\_\_\_\_

**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: \_\_\_\_\_

\_\_\_\_\_