

Letter of Medical Necessity

Insurance Reimbursement

Flexible Spending Accounts, Health Reimbursement Accounts, or Health Savings Accounts may reimburse you for cardiac rhythm self-monitoring when medically necessary. Check with your plan administrator for details.

BASIC INFORMATION

Date:

Employee Name:

Patient Name:

Employer Name:

SSN/FSA ID:

Relationship to Employee:

DIAGNOSIS

ICD-10 CM Diagnosis:

- R00.2 Palpitations
- R42 Dizziness and giddiness
- I48.0 Paroxysmal atrial fibrillation
- I48.1 Persistent atrial fibrillation
- I48.2 Chronic atrial fibrillation
- I48.91 Unspecified atrial fibrillation

Duration of Treatment (required):

Recommended Treatment:

I recommend an external patient-activated electrocardiographic (ECG) rhythm derived event recorder without 24 hour attended monitoring:

- AliveCor KardiaMobile
- AliveCor KardiaBand

How will treatment alleviate the diagnosis?

Use of the smartphone-based event recorder will help

- diagnose cardiac arrhythmia in patient with symptoms concerning for arrhythmia or patient at risk of arrhythmia.
- manage known atrial fibrillation.

SERVICE PROVIDER INFORMATION *(May use STAMP in lieu of information below)*

Service Provider Name:

Address:

Service Provider License # and State:

City:

State:

Service Provider Signature:

Zip Code:

Phone Number:

SERVICE PROVIDER STAMP: