

CERTIFICATE OF MEDICAL NECESSITY

ABC BILLING
1010 Q STREET
SOMEWHERE, NY 12345
(800) 555-1111

JOHN DOE
1234 OAK
SOMEWHERE, NY 12345
DOB: 01/01/1995
Account No: 55555555
ID: 123456789

Diagnosis: _____

Length of Need: _____

Units	Proc	Description
1	55555	50 MINUTE SESSION
1	90803	45 MINUTE SESSION
1	90803	45 MINUTE SESSION

Medical Justification: _____

Physician Signature: _____

Date: _____

Physician Name (print): _____

Physician Address and Phone Number _____

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1010 Q STREET
SOMEWHERE, NY 12345
(800) 555-1111

JOHN DOE
1234 OAK
SOMEWHERE, NY 12345
DOB: 01/01/1995
Account No: 55555555
ID: 123456789

Diagnosis: _____

Length of Need: _____

Units	Proc	Description
1	90801	30 MINUTE SESSION

Medical Justification: _____

Physician Signature: _____

Date: _____

Physician Name (print): _____

Physician Address and Phone Number _____

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SOMEWHERE, NY 12345
DOB: 01/01/1995
Account No: 55555555
ID: 123456789

Diagnosis: _____

Length of Need: _____

Units	Proc	Description
1	12345	MISC
1	12345	MISC

Medical Justification: _____

Physician Signature: _____

Date: _____

Physician Name (print): _____

Physician Address and Phone Number _____