



FOR USE BY JOHNS HOPKINS PROVIDERS



In summary, continued treatment at Johns Hopkins is medically necessary and reasonable to treat

\_\_\_\_\_ 's \_\_\_\_\_ , and I ask you to please consider continued coverage at  
[Patient Name] [Diagnosis]

Johns Hopkins. Please refer to the enclosed supporting documents for further details, and do not hesitate to call me at \_\_\_\_\_ if you have any questions or if you require additional information.  
[Phone Number]

Thank you for your attention to this matter.

Sincerely,

\_\_\_\_\_  
[Prescribing Physician Name and Credentials]