**Therapist Name**

Street

City, State, Zip Code

Phone Number

Email Address

Date

**Contact from insurance company**

Company Name

Address

City, State, Zip Code

Dear Mr or Ms (Insurance Representative’s Name),

My name is (insert name) and I’ve served as an occupational therapist for Mr or Mrs. (insert patient’s name). Mr or Mrs (insert patient’s name) has been in occupational therapy treatment to address deficits completing activities of daily living, functional transfers during activities of daily living, and functional mobility secondary to (insert diagnoses or illnesses)

Prior to Mr. or Mrs. (insert patient’s name) recent stay at (insert facility name), the patient fell multiple times in his or her home. This most recent fall occurred in the bathroom. During occupational therapy treatment, a tub transfer bench was implemented during bathing tasks to decrease the risk of falls. Mr. or Mrs. (insert name) has demonstrated success completing bathing tasks during his time in (describe rehabilitation setting patient is in) Pt is currently able to perform upper body bathing and lower body bathing with implements within reach in a seated position utilizing a tub transfer bench. Due to his success utilizing this piece of DME, Mr. or Mrs. (insert name of patient) would benefit from this piece of equipment within the home context. The tub transfer bench can assist with decreasing the chance of falls from occurring, which will result in less hospitalizations, which is cost effective for your insurance company.

Should you have any questions regarding my recommendation, please do not hesitate to call me at (insert you number). I hope you will take my request for this piece of DME under consideration to accommodate the patient’s needs. Thank you for your assistance with this matter.

Sincerely,

(Insert you name)

\*\*\*\*Created by : Whitney-Blair Joy OTR/L

**Your Name**