RA FISCHER CO.
Ph: (800)525-3467 Fax: (818)775-2941
www.rafischer.com

Letter of Medical Necessity (A)

Form must be manually signed then faxed to (818) 775-2941

Dear Provider,

Please submit the following information to us to obtain insurance coverage for a Fischer Iontophoresis device for your patient.

Via email: info@rafischer.com
Via fax: (818) 775-2941

Patient Information

Patient Name	DOB

I am contacting you on behalf of a patient who is grappling with severe hyperhidrosis. Hyperhidrosis, or excessive sweating, can have a devastating effect on a patient's quality of life, causing physical discomfort, social embarrassment, and disruption of occupational and daily activities. This has certainly been true for the above patient who has been severely impacted by hyperhidrosis. The patient has also experienced the following (check all that apply):

- ☐ Extreme anxiety related to the condition
- ☐ Occupational handicap and functional impairment
- ☐ Secondary medical conditions such as dermatitis, eczema, or infection

After thorough evaluation, the necessity of the **Fischer Iontophoresis device** for this patient is undeniable and urgent.

- **Unmatched Safety and Efficacy:** The Fischer device is distinguished by its innovative non-metal-based design, offering unmatched safety and efficacy. This design significantly reduces the risk of skin irritation and allergic reactions, a notable concern with metal-based alternatives. Peer-reviewed studies (provide references) support its superior effectiveness in managing hyperhidrosis, offering compelling evidence for its unique value.
- **Economic Consideration:** While understanding your network's existing contracts, it's crucial to consider the long-term economic benefits of approving the Fischer device. The lower risk of side effects translates into reduced follow-up treatments and associated healthcare costs, presenting a cost-effective solution for managing hyperhidrosis. In comparison, the cumulative costs of alternative treatments, including metal-based devices, BOTOX® injections, and surgical interventions, are significantly higher, both in direct expenses and the indirect costs of side effects and repeat procedures.
- **Lack of Comparable Alternatives**: It is imperative to note that no in-network alternatives offer the same level of safety, efficacy, and patient compliance as the Fischer device. This is not merely a preference but a clinical necessity for the well-being of the patient, substantiated by their specific medical history and adverse reactions to other treatments.

Given the critical nature of these factors, the approval of the Fischer Iontophoresis device must be viewed not as a deviation from standard protocol, but as a necessary medical intervention. Immediate coverage of this device is imperative, reflecting both a commitment to patient-centered care and a strategic financial choice that benefits long-term healthcare cost containment and enhances patient outcomes.

I implore you to assess this request beyond mere policy considerations, recognizing it as a crucial decision with profound implications for the patient's health and quality of life. To deny coverage for the Fischer device would not only fail the patient at a fundamental level but also overlook an opportunity to establish a benchmark for cost-effective healthcare practices. Thank you for your attention to this matter. I am readily available for further discussion and to provide additional documentation as needed.

Physician Information

Physician Name	Signature

REV. 2024