

[INSERT PHYSICIAN'S LETTERHEAD]

SCHEDULE "A"

PHYSICIAN CERTIFICATION

My patient, _____, has requested reimbursement for _____
[describe item or service].

In my professional judgment, I certify that this requested item or service is medically or therapeutically required by my patient to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and meet the accepted standards of medicine.

Further, in my professional opinion this item or service will provide the best form of treatment available for his/her condition.

Dated this _____ day of _____, 2016.

[print name and sign]