

**[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.

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[print name and sign]

