

Name of Institution
Department of Obstetrics and Gynecology
Address
City, State, Zip
Phone Number

DATE

Insurance Information

Insurance Address

Insurance Address

Patient Name: Patient Name
Member Name: Member Name (if not patient)
Member ID: XXXXXXXXX
Patient DOB: XX/XX/XXXX
Claim IDs: list specific claims

To Whom It May Concern:

PATIENT is a XX year old female who was diagnosed in DATE with DIAGNOSIS. PATIENT'S treatment plan includes SPECIFIC MEDICATIONS. This type of therapy puts PATIENT at high risk of infertility after treatment and would possibly leave her unable to have biological children. Survival rates of patients suffering from DISEASE have increased significantly over the past decades as a result of the use of intensive chemotherapy regimens. One of the most devastating side effects, however, is increased gonadal toxicity and a consequent reduction in or loss of fertility (1).

In preparation for these treatments, PATIENT met with me at INSTITUTION to review the possible impact of her cancer treatment on her fertility. She wanted to explore her options for fertility preservation as per the American Society of Clinical Oncology (ASCO) and the American Society for Reproductive Medicine (ASRM) recommendations (2,3). After discussing the range of options available to her, based on her cancer treatment, age, diagnosis and time available to the start of her cancer treatment, the decision was made to FP CHOICE. FP CHOICE is the standard of care for fertility preservation for someone in her circumstance.

Due to PATIENT'S recent cancer diagnosis and the need for fertility preservation to preserve options for biological parenthood, I request that the following procedures previously denied for coverage be reconsidered:

- SPECIFIC DENIED PROCEDURE
- SPECIFIC DENIED PROCEDURE

If you have any questions or need further information, please do not hesitate to contact me.

Sincerely,

DOCTOR NAME
DOCTOR TITLE
DOCTOR INSTITUTION

1. K. Behringer, K. Breuer, T. Reineke, M. May, L. Nogova, B. Klimm *et al.* Secondary amenorrhea after Hodgkin's lymphoma is influenced by age at treatment, stage of disease, chemotherapy regimen, and the use of oral contraceptives during therapy: a report from the German Hodgkin's lymphoma study group. *J Clin Oncol*, 23: 7555-564. 2005.
2. American Society of Clinical Oncology. Fertility preservation for patients with cancer: American Society of Clinical Oncology clinical practice guideline update. *Journal of Clinical Oncology* 19: 2500-10. 2013.
3. Fertility Preservation and Reproduction in Cancer Patients. *Fertility and Sterility*, Vol. 83, No. 6, June 2005.