PO Box 9310

Minneapolis, MN 55440-9310

952-992-2900



Dr's. Name

Clinic Name

Fax

Address

Wednesday, January 03, 2024

Re: Member's name, DOB

Dear Dr's name,

The above patient, a Medica member, has inquired about receiving an air conditioner. An air conditioner could be a covered benefit if the primary care provider or appropriate specialist verifies that the member has a medical condition including respiratory or cardiovascular diagnosis which **significantly** impacts the member’s health and safety and an air conditioner would directly improve the member’s health and functioning.

If appropriate, please indicate the member’s respiratory or cardiovascular diagnosis **and provide additional rationale of the need for an air conditioner.**

Please check the member’s diagnosis:

⁮ Respiratory Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⁮ Cardiovascular Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rationale: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⁮ Member does not meet criteria: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MD Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_**

Please let me know if I can be of any assistance or if you have any questions regarding this program.

Thank you,

Medica Care Coordinator Name

Phone:       Return Fax**:**