Date

Patient Name

DOB

Insurance ID number

Re: Medication supply during COVID-19 pandemic

Dear Insurance Provider:

Patient Name is a # year old with a diagnosis of Tuberous Sclerosis Complex (ICD 10: Q85.1), additional diagnoses &ICD-10 codes. Patient first name resides in a county that has an increased number of COVID-19 cases. He/she is considered in the high-risk group given that he/she is currently taking medication(s)/or has a diagnosis which places him/her in a high-risk group. I am asking for you to grant this patient a one-time 90-day supply of the following medication(s) to reduce his/her exposure and his/her caregiver(s) to COVID-19 during this unprecedented time.

I am requesting approval of the following medication(s) in order to keep my patient safe during this pandemic:

List medication, strength, amt of tablets or volume

Your approval will allow me to focus on those infected with COVID-19 and be assured that during this pandemic my high-risk patient has enough medication to last without him/her or his/her caregiver risking exposure to go to a pharmacy for a refill.

Please don’t hesitate to contact me with any additional questions or concerns at office number.

Sincerely,

ICD-10-CM codes:

Tuberous Sclerosis Complex Q85.1

Other generalized epilepsy and epileptic syndromes, intractable G40.41

Epilepsy, unspecified, intractable, with status epilepticus G40.911

Subependymal Giant Cell Astrocytoma (neoplasm of uncertain behavior of brain, unspecified) D43.2

Angiomyolipoma, Kidney (benign neoplasms of unspecified kidney) D30.00

Lymphangioleiomyomatosis (LAM) J84.81

Intellectual Disability, Mild F70

 Moderate F71

 Severe F72

 Profound F73

Autism Spectrum Disorder F84.0

Encephalopathy, unspecified G93.40