



# Sample Letter of Medical Necessity for Freedom Concepts Chill-Out Chair

DATE

Regarding:

DOB:

MR #:

Medicaid #

To Whom It May Concern:

**PATIENT** is a **AGE GENDER** who sustained a severe closed head injury in 2001. They have associated effects of spasticity in all four limbs and major cognitive deficits. They cannot walk. They are able to sign 'yes' and 'no' with hand movements. **PATIENT** has poor trunk control and increased tone in their legs. Their only means of mobility and position is a manual wheelchair. At this time, they are in need of a positioning seat primarily for use in seats throughout the day, it is not appropriate for **PATIENT** to be confined simply to their transport chair at all times when both inside and outside. Currently, they simply lie on the floor at home. They have been evaluated and measured in our clinic, and the Chill-Out Chair is recommended with the following justification.

**Chill-Out Chair:** This chair is an alternative seating designed specifically for the pediatric/adolescent population. It is supportive and functional, made of multi-density foam. **PATIENT** requires positioning support at all levels, as they are unable to hold their body upright independently. This seat serves that purpose. It is contoured and durable. Having this seat will enable them to interact with people and their environment successfully. **PATIENT** will engage in age-appropriate activities they are otherwise unable to do since they cannot achieve or maintain sitting by themselves. The chair unit has four swivel locking wheels so that when **PATIENT** is using their seat, they can be moved throughout the home for more normal interactions. The foot support component of this chair can be detached as needed for transfers, and it can be turned on its side for use as a functional tabletop with the chair.

Please contact us if you have questions.

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THERAPIST NAME & PHONE NUMBER