



(415) 551-0520  
(415) 551-0524 fax  
info@gatewaypsychiatric.com  
www.gatewaypsychiatric.com

San Francisco Office:  
211 Gough Street, Suite 211  
San Francisco, California 94102

Mailing Address:  
548 Market Street, #18351  
San Francisco, California 94104

## LETTER OF MEDICAL NECESSITY

Monday, April 18, 2022

RE: <Patient name>  
DOB: <MM/DD/YY>  
Insurance: <Insurance Name>  
Policy #: <Insurance Policy #>  
Group #: <Insurance Group #>

To whom it may concern,

I am Peter Forster, <Patient name>'s psychiatrist. My patient is diagnosed with <diagnosis> and was last seen on <date of most recent evaluation>. I am writing this letter on behalf of my patient to request <specific treatment, include duration of treatment>.

I have determined that this testing is medically necessary because of the following aspects of the patient's history:

<State all pertinent medical history of the patient>

**\*\*As needed:** To support this, please see attached medical literature.

### Rationale of Testing

<State why the testing is medically necessary>

In summary, <indicate a brief, logical final argument>. Therefore I am requesting that <Patient name> be approved for the <test name>. I hope you will support the medical necessity of this test for <Patient name>. Please feel free to contact me at 415-551-0520 if you have additional questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Peter Forster', with a long, sweeping horizontal line extending to the right.

**Peter Forster, MD**  
*Clinical Director, [Gateway Clinic](#)*  
*Clinical Professor, UCSF*  
NPI: 1609975309  
Ph: (415) 551-0520  
Fax: (415) 551-0524

[peter@gatewaypsychiatric.com](mailto:peter@gatewaypsychiatric.com)