



## Request for Medical Necessity Approval

Dear Physician or Healthcare Provider,

For over a decade, Diabetes Meal Plans (DMP) have been working alongside healthcare professionals to improve health outcomes for people living with type 2 diabetes and prediabetes.

DMP provides comprehensive, evidence-based online nutrition education and support designed to facilitate meaningful and sustainable health improvements. Our diabetes education approach has been clinically proven in a randomized controlled trial to impact key health outcomes, demonstrated to significantly reduce HbA1c levels, supporting significant weight loss, and decreasing the need for diabetes medications.

**About DMP's Programs:** Our online programs provide patients with the following:

- **Diabetes Education:** Comprehensive education on diabetes management, including dietary modification, meal planning, carbohydrate counting, recipes, lifestyle modifications, monitoring and adjusting lifestyle habits, and behavioral change strategies.
- **Ongoing Support:** Continuous support from certified nutritionists and dietitians who specialize in diabetes nutritional management to ensure adherence and sustainable behavior change.

**T2Diet Program or Prediabetes Program** - 16 week structured dietary education program with personalized monthly check-ins with certified nutritionists and dietitians.

**VIP Annual Program (recommended)** - an extended ongoing annual program to support permanent behavior change and sustainable health outcomes, includes the T2Diet Program or Prediabetes Program and monthly personalized check-ins with certified nutritionists and dietitians.

### Clinically Proven Effectiveness

Our digital platform uses a unique approach based on the latest cutting edge-science integrating multiple behavior change techniques and psychological, communication, and design theories to facilitate uptake and ensure tangible, sustainable health improvements.

**Average results of patients in 16 weeks:**

- HbA1c reduction of 0.94% compared to 0.26% with standard care only.
- Average weight loss of 9.6 pounds compared to 1.7 pounds with standard care only.
- 87% reduce medications, 25% reduce medications by more than 20%, compared to increased medication with standard care only.

Through ongoing education and reinforcement of health goals, many patients continue to achieve normal blood sugar and HbA1c levels, weight loss of up to 100 pounds, further medication reduction or cessation, and even diabetes remission.

### **Request for Medical Necessity Approval**

Your patient has expressed interest in joining one of our programs as part of their medically-approved diabetes management plan. To facilitate the use of their FSA/HSA funds for this program, we kindly request your approval and provision of a letter of medical necessity.

This letter should state your patient's choice, that the T2Diet Program, Prediabetes Program or VIP Annual Program, is medically necessary for managing their type 2 diabetes or prediabetes.

Enclosed with this letter, you will find a sample letter of medical necessity to assist you in this process. Your support in providing this documentation is crucial for your patient to access the benefits of continuous diabetes education and support to improve their health.

### **Next Steps:**

1. Review the enclosed sample letter of medical necessity.
2. Provide a signed letter of medical necessity for your patient, indicating the need for their chosen program as necessary for managing their type 2 diabetes or prediabetes.

Should you have any questions or require further information, please do not hesitate to contact us at: [support@diabetesmealplans.com](mailto:support@diabetesmealplans.com).

Sincerely,

Dr. Jedha Dening & The DMP Team

T2Diabetes Nutrition Specialist | Founder Diabetes Meal Plans  
W: <https://diabetesmealplans.com> | E: [support@diabetesmealplans.com](mailto:support@diabetesmealplans.com)

### **Enclosures:**

- Sample Letter of Medical Necessity

## **Sample Letter of Medical Necessity**

**[Your Healthcare Provider's Letterhead]**

[Date]

To Whom It May Concern,

I am writing to confirm that my patient, [Patient's Name], has been diagnosed with [type 2 diabetes/prediabetes] and is under my care for the management of this condition. As part of their treatment plan, I am recommending the [T2Diet Program/Prediabetes Program/ VIP Annual Program] provided by Diabetes Meal Plans, which provides essential nutritional support and diabetes education.

The [T2Diet Program/Prediabetes Program/ VIP Annual Program] is medically necessary for [Patient's Name] as it plays a crucial role in managing blood sugar levels, promoting weight loss, and reducing the need for medication. Participation in this program will significantly benefit [Patient's Name]'s health and is a necessary part of their diabetes management plan.

Please accept this letter as certification of the medical necessity of the [T2Diet Program/Prediabetes Program/ VIP Annual Program] for [Patient's Name].

Sincerely,

[Healthcare Provider's Name and Signature]

[Healthcare Provider's Contact Information]