



This is a sample letter outlining information needed to complete your application for an adaptive bike. It must be completed by either the applicant's current physician, or physical therapist.

Please submit the letter on professional letterhead and include the following information.

Provider's Name  
Provider's Address  
Provider's Phone Number

Dear Sam's Posse,

I am writing to provide essential information regarding the medical necessity of an adaptive bike for   **Patient's Name,**   a   **Age**   year old individual under my care. As the attending   **Your Medical Position**  , I have evaluated them and have determined that an adaptive bike is beneficial for their health and well-being.

#### **Patient's Information**

- Patient's Date Of Birth
- Diagnosis/Condition
- Briefly describe the Justification For Medical Necessity, and how an adaptive bike will improve the life of your patient.