

B O D Y P O I N T D E S I G N S

HB104 HIP BELT LETTER OF JUSTIFICATION OUTLINE

Date

Insurance Carrier

Attn: Medical Review/ Authorization

Address

Re: *Client's Name SS#*

"Policy" or "Account" #

Dear *(Medical Consultant, VR Counselor, Personal Care Rep, Special Ed Dir., etc)*

A Bodypoint Designs (BPD) padded two-point hip belt with a push button is required for *(patient's name)* in order to address his/her asymmetrical pelvic posture and provide stable functional positioning in his/her wheelchair. Alternative devices have been tried/ considered *(name devices e.g. Standard seat belt)* but failed to provide sufficient support in preventing the pelvic tendency *(explain why e.g. Client slides under it/ product shifts/slips/ PEG feeding tube interference/ insufficient padding for soft tissue/ difficulty applying device)*.

Please review the attached supporting documentation. *(e.g., assistive technology assessment, price quotation from vendor, letters/opinions of medical necessity from specialists, brochure or other information showing device)*.

(Name) is a *(age)* year old male/female with a diagnosis of *(relevant)*. He/she lives in a ___ with ___ support. Due to these factors he/she demonstrates an asymmetrical pelvic posture, when positioned in his/her wheelchair. This creates functional limitations as he/she *(has a tendency to slide out of the wheelchair, is unable to achieve functional head positioning, limits respiration, interferes with digestion, creates a sacral pressure area concern)*.

A BPD HB104 padded hip belt is necessary for *(name)* to enhance his/her optimum functional position. This is achieved by the patented design of the laminar pads that contour to his/her hips, prevent wrinkling and distribute pressure. The belt is easy to adjust by the client/caretaker due to the D-ring adjustment loop, center-placed buckle and close-knit webbing that prevents twisting. All BPD's products carry an unconditional guarantee against defects in workmanship and materials.

The above item is medically indicated and necessary for the patient and caretakers to use as part of a rehabilitation plan designed to increase the patient's functional abilities and to prevent medical complications.

Please feel free to call or write if you have any questions regarding this prescription.

Sincerely,