

# Statement of Medical Necessity for Alpha-Stim SCS Purchase

Re: Patient Name: \_\_\_\_\_ Date \_\_\_\_\_, 20\_\_

To Whom It May Concern:

I am ordering the purchase of an Alpha-Stim® prescription electromedical device complete with accessories for the above named patient to use at home as a conservative method of treating pain, anxiety, depression and/or insomnia. This technology has a 26-year history and is supported by successful outcomes documented by more than 55 scientific studies (see [www.alpha-stim.com](http://www.alpha-stim.com) for annotated abstracts). It has shown to be consistently effective so I have advised the patient to utilize it on a regular basis.

I want this patient to have the Alpha-Stim® SCS cranial electrotherapy stimulator for the treatment of anxiety, depression, and/or insomnia. (*Do not substitute*):

The patient's current diagnoses applicable to the Alpha-Stim® treatments are:

1. \_\_\_\_\_ ICD9 Code: \_\_\_\_\_.
2. \_\_\_\_\_ ICD9 Code: \_\_\_\_\_.
3. \_\_\_\_\_ ICD9 Code: \_\_\_\_\_.
4. \_\_\_\_\_ DSM IV Code: \_\_\_\_\_.
5. \_\_\_\_\_ DSM IV Code: \_\_\_\_\_.

The prognosis is: \_\_\_\_\_

\_\_\_\_\_

Yours truly,

Name, Degree: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_  
Licensed Practitioner's Signature

\_\_\_\_\_  
State License Number

\_\_\_\_\_  
UPIN No.