



SAMPLE

\_\_\_\_\_  
Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

**Letter of Medical Necessity: AEEG Services, Including 95700, 95712, 95715, 95724, 95720 and/or 95724**

**Diagnosis:**

Convulsions (R56.9)

Transient alteration of awareness (R40.4)

The patient has experienced interruptions in mental awareness and memory gaps along with head trauma, convulsions and episodes of syncope. EEG testing with video can help establish the first diagnosis of a seizure disorder and/or rule out non-neurological-related symptoms for the most effective treatment plan.

**Please reference case number:** \_\_\_\_\_

\_\_\_\_\_

**LEADING THE WAVE IN EXCEPTIONAL EEG CARE**

1402 S. Custer Rd., Ste. 302, McKinney, Texas 75072-1452

PHONE: 844.212.5321 | FAX: 214.975.2270 | NEULINEHEALTH.COM

