Date:

Insurance Company:

Insurance Company Address:

Patient’s Name & DOB:

Patient Insurance ID:

To Whom It May Concern:

[ENTER PATIENT'S NAME] is diagnosed with a seizure disorder (ICD.9.345) or otherwise known as intractable epilepsy. Seizure frequency is occurring [ENTER #] times per [ENTER DAY or WEEK or MONTH] despite the use of [number of AED’s] anti-epileptic medication(s.)

Ketogenic therapy is a high fat, extremely low carbohydrate diet prescribed by a physician and meant to put the body into a state of ketosis. Ketosis occurs when the body is utilizing fat as a primary fuel source in the place of glucose. Ketosis has been proven effective in suppressing seizure activity. Over half of those who utilize a ketogenic therapy have at least a 50% reduction in the number of their seizures. Some, usually 10-15%, even become seizure-free (*Epilepsy Foundation*.)

KetoVie Peptide *4:1* is a specialized ketogenic medical food, comprising of a 4 to 1 fat to non-fat grams ketogenic ratio. This ratio is effective in achieving the desired level of ketosis which has been shown to suppress seizure activity. KetoVie Peptide *4:1* additionally contains medium chain triglycerides (MCTs) which aids in reaching the desired level of ketosis for maximum seizure control as well as regulation of bowel issues. The protein source in KetoVie Peptide *4:1* is 100% enzymatically hydrolyzed whey to support patients with intolerance to whole protein sources, receiving nutrition via feeding tubes, and needing ketogenic therapy in critical care situations.

We are requesting insurance coverage/reimbursement for [ENTER PATIENT'S NAME] who has been prescribed KetoVie Peptide *4:1* as an antiepileptic therapy. KetoVie Peptide *4:1* is dispensed by prescription only.

Reimbursement Code for KetoVie Peptide *4:1* is: Pediatric: B4161 Adults: B4153

Sincerely,

[ENTER NAME OF PHYSICIAN OR DIETITIAN]

[ENTER TITLE]

[ENTER INSTITUTION NAME]