Ministry of Children and Family Development

At Home Program Guidelines Writing Justification Letters for Biomedical Equipment

Purpose: To inform health care providers of information required in justification letters to ensure applications are processed in a timely fashion.

Information Required:

Date	
Name of Child	
Date of Birth	
Diagnosis	Include the type of impairment, location and degree of involvement.
Prognosis *(if applicable)*	
What has Precipitated the Request?	Indicate why the request is occurring at this time.
Current Equipment *(related to equipment requested)*	If applicable, indicate the type and status of present equipment and why it is no longer meeting the needs of the child or youth.
Recycling Equipment	Indicate whether or not the equipment needs could be met through the Children's Medical Equipment Distribution Service (CMEDS).
Review Justification	Clearly indicate the relationship between the child's medical need and the equipment requested. Indicate the expected results of the prescribed equipment for the child/youth. The AHP will provide the most cost-effective item that meets the child/youth's needs. Where the most cost-effective item does not meet the needs of the child/youth, please provide additional information to support the request.
Expected Time Frame	Indicate the expected timeframe for the use of the bio-medical equipment (e.g., 1 month, 6 months, indefinitely).
Name and Signature	Include your professional affiliation and contact information (i.e., address and phone number).

Contact Information

At Home Program Medical Benefits
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