AuroraLight | SOLUTIONS

Insurance Form

Patient Name | D.O.B. _____ | _____

Patient Address _____

City, State, Zip _____

Insurance Company _____

Patient I.D. Number _____

Prescribing Doctor Name _____

Practice I.D. Number _____

Description for Phototherapy Unit:

This is to certify that I am currently treating the above named patient for recurrent major depressions with a seasonal pattern (DSM-IV 296.3). This condition, also known as Seasonal Affective Disorder, has been shown in many studies in the United States and Europe to respond to treatment with bright environmental light (phototherapy).

Light therapy is no longer considered experimental, but is a mainstream type of psychiatric treatment, described in the Task Force Report of the American Psychiatric Association: Treatment of Psychiatric Disorders, vol. 3, pages 1890-1896.

In order to administer phototherapy adequately, a specialized therapeutic light device, such as the one described on the attached sales receipt, is required.

In this patient's case, the use of such a device should be regarded as both a medical necessity and a preferred method of treatment for this disorder. Because of necessary treatment features as to time of day and duration of use, the patient's possession of a home-use unit such as I have prescribed is a requirement for successful and practical therapy, and is, in my opinion, the most cost effective treatment alternative.

Therapeutic Light Box, 10,000 lux - CPT or HCPCS code: E0203

Code # and Diagnosis:

- ☐ DSM IV-296.3X - Major Depression, Recurrent
- ☐ DSM IV-296.4X - Bipolar Disorder, most recent episode- Manic
- ☐ DSM IV-296.5X - Bipolar Disorder, Depressed
- ☐ DSM IV-296.6X - Bipolar Disorder, Mixed
- ☐ DSM IV-296.8 - Bipolar Disorder, NOS
- ☐ DSM IV-296.90 - Mood Disorder NOS: Seasonal Affective Disorder
- ☐ DSM IV-311.00 - Depressive Disorder, NOS

**These procedures conform to April 1993 U.S. Public Health Service-Agency for Health Care Policy and research guidelines for management of this disorder.* AHCPR93-0551 - Depress: Guideline Vol. 2; AHCPR93-0553 - Depress: Patient Guide

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Prescribing Doctor Signature **Date**

Aurora Light Solutions
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