Patient Name:
Date of Birth:
Referring Physician/NPP:

WALDORF MARKETPLACE, MEDSTAR HEALTH PHYSICAL THERAPY
3060 Waldorf Market Pl Ste 36
Waldorf MD 20603-4871

Logo of WALDORF MARKETPLACE, MEDSTAR HEALTH PHYSICAL THERAPY

WALDORF MARKETPLACE, MEDSTAR HEALTH PHYSICAL THERAPY
3060 Waldorf Market Pl Ste 36 Waldorf, MD 20603-4871
Phone: (301) 719-1146 | Fax: (301) 645 5343

COVER SHEET

Date: 05/18/2026

To:

Name of Recipient: LALITHA VEDANTAM

Medical necessity Certificate

To: Lalitha Vedantam, MD

NPI: 1942618996

Phone: 3012927270

Fax: 3012030740

Member Id: H71731088

Phone: 3016539947

DOB: 5/21/1942

Thank you for approving your patient's request for Durable Medical Equipment (DME).

To ensure your patient receives their product as quickly as possible and they are not charged out of pocket, we need your assistance in Confirming that the patient is still Under care of you as per the Order was approved by the Doctor

Per Medicare Rules, DME should Confirm that the patient is Under Care of treating Physician:

- Please Acknowledge this Document for the Confirmation
- Please attach the most recent Medical records.

Our organization is fully compliant with all applicable CMS guidelines and regulatory requirements..

Per the Social Security Act, Section 1842 (P) (4)

In the case of an item or service ordered by a physician or a practitioner, but fixnished by another entity, if the Secretary (or fiscal agent of the Secretary) requires the entity furnishing the item or ser,fice to provide diagnostic or other medical information in order for payment to be mäde to the entity, the physician or practitioner shall provide that information to the entity at the time that the item or service is ordered by the physician or practitioner.
Please note:

Patient authorization is not required to respond to this request. Providing medical records of Medicare Patients to the provider is within the scope of compliance with the Health Insurance Portability and Accountability Act (I-IAA).

Physician Signature