**Date:**

**Subject: Medical Recertification for Existing Medical Support/Benefits**

Dear [Recipient's Name],

I hope this letter finds you in good health. I am Dr. [mention your name], the primary physician of [patient name], born on [patient date of birth]. I am writing to you because I feel the need to provide current information regarding the medical status of [Patient's Full Name], who for the past [mention duration months/years] has been receiving medical support through your organization. [Patient's Full Name] has been under my care at [Medical Facility/Clinic/Hospital Name] for the management of [specific medical condition] since [mention exact date of initial certification].

After performing a recent evaluation to check on the health condition of [patient name], I concluded that [patient's name] requires ongoing medical support and benefits due to the persistent nature of [specific medical condition]. The details of the assessment are as follows:

According to my detailed assessment of [patient name], his/her current medical condition does not allow him/her to live his/her life without the current medical support that he/she is receiving. [You can briefly describe the current medical condition of the patient and how it negatively affects the patient's daily life.]

Thus, the current treatment plan [explain the ongoing treatment plan, any medications, therapies, or other interventions that are currently being utilized] is something [patient name] is dependent on to live a normal, healthy life.

I have seen great improvements in [patient names] [mention the specific medical condition]. If the improvement continues at this pace, it is anticipated that he/she will be back to a normal routine within [mention expected duration in months/years].

I kindly request the recertification of [patient's name] for continued medical support or benefits to ensure uninterrupted access to the necessary healthcare resources. Attached to this letter, please find the latest medical records, including diagnostic reports, treatment summaries, and all other relevant documentation.

If you need any additional information or if there is any specific recertification procedure to follow, please do not hesitate to contact our office at [your contact information]. Your quick attention to this matter is highly appreciated.

Finally, I would like to thank you for your ongoing support in providing much-needed medical assistance to [patient's name]. I look forward to your cooperation to make sure [patient name] gets the best possible care.

Sincerely,

[Your Full Name] [Your Title/Position]  
[Medical Facility/hospital/clinic name] [Your Contact Information]