MARVIX AI

ACCOMMODATION LETTER TEMPLATE

Questions? Visit us at www.marvix.ai

1 PATIENT INFORMATION

PATIENT NAME

DATE OF LETTER

DOB

MRN / PATIENT ID

AGE / SEX

2 PROVIDER INFORMATION

PROVIDER NAME

PHONE

CREDENTIALS

FAX

SPECIALTY

PRACTICE / FACILITY NAME

ADDRESS

3 RECIPIENT INFORMATION

RECIPIENT NAME

DEPARTMENT

ORGANIZATION / EMPLOYER / SCHOOL / HOUSING AUTHORITY

PHONE / FAX / EMAIL

ADDRESS

4 PURPOSE OF LETTER

ACCOMMODATION REQUEST TYPE

SETTING (WORKPLACE / SCHOOL / HOUSING)

REQUESTED EFFECTIVE DATE

REQUESTED DURATION

5 RELEVANT MEDICAL CONDITION

PRIMARY DIAGNOSIS

ICD-10 CODE, IF APPLICABLE

SECONDARY DIAGNOSIS, IF APPLICABLE

FUNCTIONAL LIMITATION

6 CLINICAL BASIS FOR ACCOMMODATION

Medical Need:

Activity Limitation:

Work / School / Housing Impact:

Safety or Health Considerations:

7 REQUESTED ACCOMMODATION

Accommodation 1:

Accommodation 2:

Accommodation 3:

SCHEDULE MODIFICATION, IF APPLICABLE

ENVIRONMENTAL MODIFICATION, IF APPLICABLE

EQUIPMENT / ASSISTIVE DEVICE, IF APPLICABLE

LEAVE / REDUCED HOURS, IF APPLICABLE

REMOTE / HYBRID ARRANGEMENT, IF APPLICABLE

8 DURATION AND REASSESSMENT

START DATE

END DATE

TEMPORARY / PERMANENT

REASSESSMENT DATE

9 RESTRICTIONS / LIMITATIONS

PHYSICAL RESTRICTIONS

COGNITIVE RESTRICTIONS

ENVIRONMENTAL RESTRICTIONS

SCHEDULE RESTRICTIONS

OTHER LIMITATIONS

10 SUPPORTING DOCUMENTATION

CLINICAL NOTES

THERAPY NOTES

DIAGNOSTIC REPORTS

SPECIALIST RECOMMENDATIONS

FUNCTIONAL ASSESSMENT

OTHER ATTACHMENTS

11 PROVIDER STATEMENT

Medical Opinion:

Accommodation Necessity:

Contact for Clarification:

CN CONFIDENTIALITY NOTICE

Protected Health Information Notice:

Disclosure Limitation:

SO **SIGNATURE**

PROVIDER NAME	CREDENTIALS	SIGNATURE	DATE	TIME