Home UVB phototherapy equipment is classified as a Class-2 Medical Device by the US-FDA and Health Canada. It is not currently no government programs that will provide financial assistance.

Experience has shown that most health insurance companies will cover some or all of the cost of home UVB phototherapy equipment; however, often this requires considerable persistence by the applicant.

To have the best chance of reimbursement, our suggestions are:

1. Obtain Solarc’s Standard Information Package (SIP) for home phototherapy. This is best done as a download from the website “home page” or “download center”, or you can/have requested that it be mailed to you. We suggest at least two (2) copies; one for your insurance company and one for your records. A third copy may be useful to leave with your physician. If you are having trouble downloading, give us a call or use the Contact Us page to request that an information package be mailed to you. We will make sure you get what you need.

2. Although a physician’s prescription is not required to purchase a device or make a medical expense claim on your income taxes, a prescription may prove useful when applying for coverage to an employer’s health insurance plan. If your physician is unwilling, consider providing a signed copy of the “Acknowledgement and Indemnity Agreement” located on the last page of the Order Form. On request, Solarc can provide the physician any additional info required, such as a device Users Manual.

3. Supply your physician with a copy of our Doctor’s Letter of Medical Necessity (below) and ask if they have time to create a personalized version of this for you on their stationery, or have them simply fill in the blanks. There may be a cost for this. The website’s Download Center has an editable MS-Word (.doc) template that you may wish to provide on disc.

4. If you cannot get your physician to create the letter, we recommend that you write your own personalized letter to your company’s human resources department or insurance company using our Patient’s Letter to Insurance Company template (over). The website’s “download center” has an editable MS-Word (.doc) file that you can easily personalize. This is your opportunity to make a “business case” for acquiring the equipment. In other words, based on your usage of drugs and other medical expenses, will the equipment pay for itself? To support your case, include a copy of the medical study: “Are Narrow-band Ultraviolet B Home Units a Viable Option for Continuous or Maintenance Therapy of Photoresponsive Skin Diseases?”

5. Talk to your human resources or insurer contact person about your request and present them with copies of your prescription, letter and all of the information literature. Ask for their help with your request. Contact Solarc if your insurer requires submission of an invoice before they will consider coverage (Proforma invoice).

6. Depending on insurance company, the first response to your request may be that the equipment is not covered. The reason for this is that the first line contact person is normally only supplied with a list of commonly insured equipment, and UVB phototherapy equipment is often not listed. It is helpful to mention that home phototherapy equipment is on the list of Canadian Medical Expense Tax Credit eligible expenses (METC). See: Income Tax Act, Medical Tax Credit, 118.2(2)(i)

7. At this point, talk to your contact person again, and politely ask that your request be forwarded to a more senior representative. Try to talk directly with this more senior person. Some insurance companies will have an “appeal” process. Many people have made successful appeals.

8. Here is the key: Be persistent with your request and ask that it be referred even higher up if necessary. Be patient and always polite. At some point the answer may be a definitive “no”, but in many cases, the Insurer will comply. Your persistence shows that this is very important to you and that you truly need the device.

9. Once approved, and just in case there is a change in personnel at the insurance company, try to get the insurer’s commitment in writing…. Good Luck!

Doctor’s Letter of Medical Necessity for Home UVB Phototherapy Equipment

Sample Only – Modify to suit the patient’s personal circumstances. Template available in MS-Word from SolarcSystems.com

Doctor’s Letterhead / Name: __________________________ Date: ____________ To Whom It May Concern,

My patient, __________________________, has been under my care for _______ years for the treatment of __________________________.

The acquisition of a UVB phototherapy device for use in the patient’s home has been prescribed by me, and is deemed to be a medical necessity because:

- The patient’s treatment at the nearest phototherapy clinic requires a _______ hour round trip, _______ times per week. The hours of operation of the clinic and the patient’s working schedule makes this an impractical alternative, and the patient has had to stop treatment as a result. I expect that the patient will require ultraviolet phototherapy for many years to come, thus justifying purchase of a UVB phototherapy device for use in the home.

- Use of a home UVB phototherapy device would eliminate the need for the patient to leave work to visit the phototherapy clinic. The patient’s treatment schedule calls for _______ visits per week, each taking _______ hours for the round trip. This has created problems for the patient’s employer that could be eliminated by use of a home UVB phototherapy device.

- Because the patient’s home is _______ miles/kilometers from the nearest phototherapy clinic, and the patient requires _______ treatments per week, institutional phototherapy it is not a practical option. A home UVB phototherapy device is the only way that the patient can fill my prescription for UVB phototherapy.

- The severity of my patient’s skin condition has caused me to prescribe UVB phototherapy treatments _______ times per week. Since the clinic is closed _______ this is not possible unless the patient obtains a home UVB phototherapy device.

Home UVB phototherapy equipment is classified as a Class-2 Medical Device by the US-FDA and Health Canada. It is not a tanning device. (Tanning uses UVA light.) The device is Medical Expense Tax Credit eligible (Income Tax Act, 118.2(2)(i)). Please carefully consider this patient’s request for health insurance coverage of this equipment. To my knowledge, there are currently no government programs that will provide financial assistance.

Sincerely, Doctor’s Signature: __________________________ continued…
Patient’s Letter to Insurance Company for Home UVB Phototherapy Equipment

Sample Only – Modify to suit your personal circumstances. Template available in MS-Word from SolarcSystems.com

Patient’s Name: ________________________________

Patient’s Contact Information: ______________________________________________________________________________

Date: _________________________

To: Human Resources/Insurance Company Contact Person Name & Company Name: ________________________________

I have suffered from ______________________________________________________________ for over ___________ years. In that time, I have tried most of the commonly prescribed drugs to control the disease, all with mediocre results.

By far the most successful treatment that I have found to date is “UVB phototherapy”, which is basically the exposure of my skin to UVB ultraviolet light produced by a special medical device. UVB light is a natural component of the sun’s spectrum and has been medically proven to be a very effective treatment for __________________________________________.

The purpose of this letter is to request health insurance coverage for the purchase of a UVB phototherapy device designed specifically for use in my home. I believe that it is necessary for me to acquire this equipment for the following reasons:

- My treatment at the nearest phototherapy clinic requires a ______ hour round trip, ______ times per week. The hours of operation of the clinic and my working schedule make this an impractical alternative, and I have had to stop treatment as a result. It is expected that I will require phototherapy for many years to come, thus justifying use of a home device.
- Use of a home UVB phototherapy device would eliminate the need for me to leave work to visit the phototherapy clinic. My treatment schedule calls for _________ visits per week, each taking _________ hours for the round trip. This has created problems for my employer that could be eliminated by my use of a home UVB phototherapy device.
- Because my home is _________ miles/kilometers from the nearest phototherapy clinic, and I require _______ treatments per week, institutional phototherapy is not a practical option. A home UVB phototherapy device is the only way that I can fill my doctor’s prescription for UVB phototherapy.
- The severity of my skin condition has caused my doctor to prescribed phototherapy treatments ____________ times per week. Since the phototherapy clinic is closed ______________, this is not possible unless I use a home UVB phototherapy device.
- Use of a home UVB phototherapy device often results in a substantial reduction in use of expensive drugs. I estimate that I have been using approximately $_____________ per year of the drug(s) _______________________________________ , related directly to the treatment of my skin disease.

Please find enclosed information from a qualified supplier for this equipment. This information can also be found on the internet at www.SolarcSystems.com. The equipment is classified as a Class-2 Medical Device by the US-FDA and Health Canada. It is not a tanning device. (Tanning uses UVA light.)

As “phototherapy equipment for psoriasis and other skin disorders” is on the list of Canadian Medical Expense Tax Credit eligible expenses (Income Tax Act, Medical Tax Credit, 118.2(2)(i)), I understand that many health insurance companies will cover the cost of UVB phototherapy equipment and ask that my application be given careful consideration. There are currently no government programs that will provide this assistance.

Sincerely, Patient’s Signature: ___________________________________________