CERTIFICATE OF MEDICAL NECESSITY
FOR PELVIC & COCCYX PRESSURE RELIEF

PATIENT INFORMATION
Name: _____ **DOB:** ____ / ____ / ____
Insurance ID: _____ **Group #:** _____

PHYSICIAN / PROVIDER INFORMATION
Name: _____ **NPI:** _____
Clinic Name: _____ _____ **Phone:** _____

MEDICAL NECESSITY DOCUMENTATION
The patient listed above is under my care for chronic pelvic/sacral pain. I am prescribing a specialized medical-grade seat cushion to alleviate pressure, prevent further tissue breakdown, and manage chronic pain.

Primary Diagnosis (Check all that apply):
☐ **M53.3** – Coccydynia (Tailbone Pain)
☐ **G58.8** – Pudendal Neuralgia / Nerve Entrapment
☐ **R10.2** – Pelvic and Perineal Pain
☐ **N94.89** – Pelvic Floor Dysfunction / Vulvodynia
☐ **Other:** _____

Equipment Prescribed:
Product: SunCloud® Pelvic Relief Cushion
Manufacturer: Pelvic Pain Solutions International, LLC, a USA company
HCPCS Billing Code: E2601 (General Use Seat Cushion)

Clinical Justification: The patient suffers from significant pain while sitting. A standard chair or generic cushion is insufficient. This specific medical cushion features a **relief channel** and **high-resiliency medical foam** required to:

- Suspend the coccyx and perineum to prevent direct weight-bearing pressure.
- Redirect weight to the ischial tuberosities (sit bones).
- Facilitate healing of sensitive pelvic nerves and tissues.

Duration of Need: ☐ Lifetime ☐ 12 Months ☐ Other: _____

Physician Signature: _____ **Date:** ____ / ____ /

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