

Sample letters to use with insurance companies



National Eating Disorders Association

This section provides seven sample letters to use for various circumstances you may encounter that require you to communicate with insurance companies.

These letters were developed and used by families who encountered these situations.

- Keep in mind that a cordial, business communication tone is essential as discussed in Navigating and understanding health insurance issues. Remember:
- Follow up letters with phone calls and document whom you speak to.
- Don't assume one insurance department knows what the other is doing.
- Don't panic! Your current issue or rejection can be a computer generated "glitch."
- Copy letters to others relevant to the request. Also, if you are complimenting someone for the assistance they've provided, tell them you'd love to send a copy to their boss to let him/ her know about the great service you've received.
- Supply supporting documents.
- Get a signed delivery receipt – especially when time is of the essence.

Sample letters begin on the following page.

Sample Letter #1

Request that the copay for the psychiatrist from the patient be changed to a medical copay rate instead of the higher mental health copay, because the psychiatrist was providing medication management, not psychotherapy.

Outcome

Adjustments can be made so that the family is billed for the medical copay. Remember, the psychiatrist must use the proper billing code.

Date:

To: Name of Clinical Appeals Staff Person

INS. CO. NAME & ADDRESS

From: YOUR NAME & ADDRESS

Re: PATIENT'S NAME

DOB (Date of Birth)

Insurance ID#

Dear [obtain and insert the name of a person to address your letter to—avoid sending to a generic title or “To Whom It May Concern”];

Thank you for assisting me with my [son's/daughter's] medical care. As you can imagine, this process is very emotionally draining on the entire family. However, the cooperation of the fine staff at [INSURANCE COMPANY NAME] makes it a little easier.

At this time, I would like to request that [INS. CO.] review the category that [Dr. NAME's] services have been placed into. It appears that I am being charged a copay for [his/her] treatment as a mental health service when in reality [he/she] provides [PATIENT NAME] with pharmacologic management for [his/her] neuro-bio-chemical disorder. Obviously, this is purely a medical consultation. Please review this issue and kindly make adjustments to past and future consultations.

Thank you in advance for your cooperation and assistance.

Sincerely,

[YOUR NAME]

Cc: [list the people in the company you are sending copies to]

Sample Letter #2

The need to flex hospital days for counseling sessions. Remember, just because you are using outpatient services does not mean that you cannot take advantage of benefits for a more acute level of care if your child is eligible for that level of care. The insurance company only knows the information you supply, so be specific and provide support from the treatment team!



Outcome

10 Hospital days were converted to 40 counseling sessions.

Date:

To: Name of an individual in the Ins. Co. Management Dept
INS. CO. NAME & ADDRESS

From: YOUR NAME & ADDRESS

Re: PATIENT'S NAME

DOB (Date of Birth)

Insurance ID#

Case #

Dear [insert name]:

This letter is in response to [insurance company name's] denial of continued counseling sessions for my [daughter/son]. I would like this decision to be reconsidered because [insert PATIENT NAME] continues to meet the American Psychiatric Association's clinical practice guidelines criteria for Residential treatment/Partial hospitalization. [His/Her] primary care provider, [NAME], supports [his/her] need for this level of care (see attached – Sample Letter #3 below provides an example of a physician letter). Therefore, although [he/she] chooses to receive services from an outpatient team, [he/she] requires an intensive level of support from that team, including ongoing counseling, to minimally meet [his/her] needs. I request that you correct the records re: [PATIENT NAME's] level of care to reflect [his/her] needs and support these needs with continued counseling services, since partial hospitalization/residential treatment is a benefit [he/she] is eligible for and requires.

I am enclosing a copy of the APA guidelines and have noted [PATIENT NAME'S] current status. If you have further questions you may contact me at: [PHONE#] or [Dr. NAME] at: [PHONE#].

Thank you in advance for your cooperation and prompt attention to this matter.

Sincerely,

[YOUR NAME]

Cc: [Case manager]

[Ins. Co. Medical manager]

Sample Letter #3



National Eating Disorders Association

Letter to a managed care plan to seek reimbursement for services that the patient received when time was insufficient to obtain pre-authorization because of the serious nature of the illness and the need to deal with it urgently.

Remember: you need to research the professionals available through your plan and local support systems. In this case, after contacting their local association for eating disorders experts, the family that created this letter realized that no qualified medical experts were in their area to diagnose and make recommendations for their child. Keep in mind that you need to seek a qualified expert and not a world-famous expert. Make sure you provide very specific information from your research.

Outcome

Reimbursement was provided for the evaluating/treating psychiatrist visits and medications. Further research and documentation was required to seek reimbursement for the treatment facility portion.

DATE

To: Get the name of a person to direct a letter to

INS. CO. NAME & ADDRESS

From: YOUR NAME & ADDRESS

Re: PATIENT'S NAME

DOB (Date of Birth)

Insurance ID#

Case #

Dear [insert name]:

My [son/daughter] has been under treatment for [name the eating disorder and any applicable co-existing condition] since [month/year]. [He/she] was first seen at the college health clinic at [UNIVERSITY NAME] and then referred for counseling that was arranged through [INS. CO.]. At the end of the semester I met with my [son/daughter] and [his/her] therapist to make plans for treatment over the summer. At that time, residential treatment was advised, which became a serious concern for us. We then sought the opinion of a qualified expert about this advice. I first spoke to [PATIENT NAME'S] primary physician and then contacted the local eating disorders support group. No qualified expert emerged quickly from the community of our [INS. CO.] network providers. In my research to identify someone experienced in eating disorder evaluation and treatment, I discovered that [insert Dr.NAME at HOSPITAL in LOCATION] was the appropriate person to contact to expedite plans for our child. Dr. [NAME] was willing to see [him/her] immediately, so we made those arrangements.

As you can imagine, this was all very stressful for the entire family. Since continuity of care was imperative, we went ahead with the process and lost sight of the preapproval needed from [INS. CO.]. I am enclosing the bills we paid for those initial visits for reimbursement. [PATIENT NAME] was consequently placed in a residential setting in the [LOCATION] area and continues to see Dr. [NAME] through arrangements made by [INS. CO.].

Also, at the beginning of [his/her] placement, some confusion existed about medications necessary for [PATIENT NAME] during this difficult/ acute care period. At one point payment for one of [his/her] medications was denied even though the treatment team recommended it, and it was prescribed by [his/her] primary care physician, Dr. [NAME]. I spoke to a [INS. CO.] employee [insert name] at [PHONE #] to rectify the situation; however, I felt it was a little too late to meet my timeframe for visiting [PATIENT NAME], so I paid for the Rx myself and want reimbursement at this time. If you have any questions, please speak to [employee name].

Thank you in advance for your cooperation. I'd be happy to answer any further questions and can be reached at: [PHONE]

Sincerely,
[YOUR NAME]

Sample Letters #4



National Eating Disorders Association

To continue insurance while attending college less than full-time so that student can remain at home for a semester due the eating disorder. Note: When a student does not register on time at the primary university at which he/she has been enrolled, insurance is automatically terminated at that time. Automatic termination can cause an enormous amount of paperwork if not rectified IMMEDIATELY. The first letter informs the insurance company of the student's current enrollment status in a timely fashion, and the second letter responds to the abrupt and retroactive termination. Students affected by an eating disorder may be eligible for a medical leave of absence from college for up to one year—so you may want to inquire about that at the student's college.

Outcome

The student was immediately reinstated as a less than full-time student.

DATE
To: NAME OF CONTACT PERSON
INS. CO. NAME & ADDRESS
From: YOUR NAME & ADDRESS
Re: PATIENT'S NAME
DOB (Date of Birth)
Insurance ID#
Case #

Dear [NAME]:

We spoke the other day regarding my [son's/daughter's] enrollment status. I am currently following up on your instructions and appreciate your assistance in explaining what to do. [Dr. NAME] is sending you a letter that should arrive very soon about [PATIENT NAME's] medical status that required [him/her] to reduce the number of classes [he/she] will be able to take this fall. When [he/she] completes re-enrollment at [UNIVERSITY NAME] (which is not possible to do until the first day of classes, [DATE]), [he/she] will have the registrar's office notify you of her status.

At this time, [NAME] plans to be a part-time student at [UNIVERSITY] for the [DATE] semester and plans to return to [UNIVERSITY] in [DATE], provided [his/her] disorder stabilizes. If all goes well; [he/she] may be able to graduate with [his/her] class and complete [his/ her] coursework by the [DATE] in spite of the medical issues. Please feel free to get answers to any questions regarding these plans from [PATIENT NAME'S] academic advisor Mr./Ms. NAME, whom [PATIENT NAME] has given written permission in a signed release to speak to you. This advisor has been assisting my [son/daughter] with [his/her] academic plans and is aware of [his/her] current medical status. The advisor's phone number and email are: [PHONE #/ email].

Please feel free to contact me at [PHONE #] if you have any questions or need any further information. Thank you for your assistance.

Sincerely,
[YOUR NAME]
Cc:

Sample Letter #5

Follow-up letter to enrollment department after coverage was terminated retroactively to June 1st by the insurance company's computer.

(HEADING SAME AS PREVIOUS LETTER)

Dear [NAME]:

I am sure you can imagine my shock at receiving the attached letter [copy of the letter you received] that my [son/daughter] received about termination of coverage. [NAME] has been receiving coverage from [INSURANCE COMPANY] for treatment of serious medical issues since [DATE]. We have received wonderful assistance from [NAME], Case Manager [PHONE#]; [NAME], Mental Health Clinical Director [PHONE#]; and Dr. [NAME], [INS. CO.] Medical Director [PHONE #]. I am writing to describe the timeline of events with copies to the people who have assisted us as noted above.

In [DATE], [PATIENT NAME] requested a temporary leave of absence from [UNIVERSITY 1 NAME] to study at [UNIVERSITY 2 NAME] for one year. [He/she] was accepted at [UNIVERSITY 2 NAME] and attended the [DATE] semester. At the end of the spring semester [PATIENT NAME'S] medical issues intensified and [PATIENT NAME] returned home for the summer. The summer of [YEAR] has been very complicated and a drain on our entire family. The supportive people noted earlier in this letter made our plight bearable but we were constantly dealing with one medical issue after another.

At the beginning of August [PATIENT NAME] and the treatment team members began to discuss [PATIENT NAME'S] needs for the fall semester of [YEAR]. As far as our family was concerned, all options [UNIV. 1, UNIV. 2, & several local options full and part-time] needed to be up for discussion to meet [patient name's] medical needs. We hoped that with the help of [his/her] medical team we could make appropriate plans in a timely fashion.

During [PATIENT NAME'S] appointments the first two weeks of August, the treatment team agreed that [PATIENT NAME] should continue to live at home and attend a local university on a part-time basis for the fall semester. This decision was VERY difficult for [PATIENT NAME] and our family. [PATIENT NAME] still hopes/plans to return to [UNIV. 1] in [date] as a full-time student. [He/ she] has worked with [his/her] [UNIV. 1] advisor since [date] to work out a plan that might still allow [him/her] to graduate with [his/her] class even if [he/she] needed to complete a class or two in the summer of [YEAR]. This decision by [NAME] was difficult but also a major breakthrough/necessity for [his/her] treatment.

After a workable plan was made, I called the enrollment department at [INS. CO. NAME] to gain information about the process of notification regarding this change in academic status due to [his/her] current medical needs. [INS. EMPLOYEE NAME] communicated to me that I needed to have my child's primary care physician write a letter supporting these plans. This letter is forthcoming as we speak. As soon as [PATIENT NAME'S] fall classes are finalized on [date]' that information will also be sent to you.

In summary, [PATIENT NAME] intended to be a full-time student this fall until [his/her] treatment team suggested otherwise in the early August. At that time I began notifying the insurance company. Please assist us in expediting this process. I ask that you immediately reinstate [him/her] as a policy member. If [his/her] status is not resolved immediately it will generate a GREAT DEAL of unnecessary extra work for all parties involved and, quite frankly, I'm not sure that our family can tolerate the useless labor when our energy is so depleted and needed for the medical/life issues at hand.

I am attaching 1) my previous enrollment notification note; 2) [PATIENT NAME'S] acceptance from [UNIV. 2]; 3) a copy of [PATIENT NAME'S] apartment lease for the year; and 4) [his/her] recent letter to [UNIV. 2] notifying them that [he/she] will be unable to complete the year as a visiting student for medical reasons. Please call me TODAY at [PHONE #] to update me on this issue. This is very draining on our family. Thank you for your assistance.

Sincerely,
[YOUR NAME]

Cc: [CASE MANAGER, MENTAL HEALTH CLINICAL DIRECTOR, MEDICAL DIRECTOR]

SAMPLE LETTER #6

Letter from doctor describing any medical complications your child has had, the doctor's recommendations for treatment, and the doctor's prediction of outcome if this treatment is not received. This is a sample physician letter that parents can bring to their child's doctor as a template to work from.



DATE

To: [Get the name of a medical director at the insurance company]:

INS. CO. NAME & ADDRESS

Re: PATIENT'S NAME

DOB (Date of Birth)

Insurance ID#

We are writing this letter to summarize our treatment recommendations for [patient name]. We have been following [patient name] in our program since [DATE]. During these past [NUMBER years], [patient name] has had [NUMBER] hospitalizations for medical complications of [insert conditions, e.g., malnutrition, profound bradycardia, hypothermia, orthostasis]. Each of the patient's hospital admissions are listed below [list each and every one separately]:

- Admission Date – Discharge Date [condition]

In all, [patient] has spent [NUMBER] days of the past [NUMBER years] in the hospital due to complications of [his/her] malnutrition. [Patient name's] malnutrition is damaging more than [his/her] heart. [His/Her] course has been complicated by the following medical issues:

- List each issue and its medical consequence [e.g., secondary amenorrhea since DATE, which has the potential to cause irreversible bone damage leading to osteoporosis in his/her early adult life.]

Despite receiving intensive outpatient medical, nutritional and psychiatric treatment, [patient name's] medical condition has continued to deteriorate with [describe symptoms/signs, e.g., consistent weight loss since DATE] and is currently 83% of [his/her] estimated minimal ideal body weight (the weight where the nutritionist estimates [he/she] will regain regular menses). White blood cell count and serum protein and albumin levels have been steadily decreasing as well, because of extraordinarily poor nutritional intake.

Given this history, prior levels of outpatient care that have failed, and [his/her] current grave medical condition, we recommend that [patient name] urgently receive more intensive psychiatric and nutritional treatment that can be delivered only in a residential treatment program specializing in eating disorders. We recommend a minimum 60- to 90-day stay in a tiered program that offers: intensive residential and transitional components focusing on adolescents and young adults with eating disorders (not older patients). [Patient] requires intensive daily psychiatric, psychologic, and nutritional treatment by therapists well trained in the treatment of this disease. Such a tiered program could provide the intensive residential treatment that [he/she] so desperately needs so [he/she] can show that [he/she] can maintain any progress in a transitional setting. We do not recommend treatment in a non-eating disorder-specific behavioral treatment center. [Patient]'s severe anorexia requires subspecialty-level care. Examples of such programs would include [name facilities].

Anorexia nervosa is a deadly disease with a 10% to 15% mortality rate; 15% to 25% of patients develop a severe lifelong course. We believe that without intensive treatment in a residential program, [patient name's and condition], and the medical complications that it causes, will continue to worsen causing [him/her] to be at significant risk of developing lifelong anorexia nervosa or dying of the disease. We understand that in the past, your case reviewers have denied [patient] this level of care. This is the only appropriate and medically responsible care plan that we can recommend. We truly believe that to offer a lesser level of care is medically negligent. We trust that you will share our grave concern for [patient's] medical needs and approve the recommended level of care to assist in [his/her] recovery.

Thank you for your thorough consideration of this matter. Please feel free to contact us with any concerns regarding [patient's] care.

Sincerely,
[PHYSICIAN NAME]
Cc: [YOU]

SAMPLE LETTER #7

“Discussion” with the insurance company about residential placement when the insurance company suggests that the patient needs to fail at lower levels of care before being eligible for residential treatment. In a telephone conversation, the parents asked the insurance company to place a note in the patient file indicating the insurance company was willing to disregard the American Psychiatric Association guidelines and recommendations of the patient’s treatment team and take responsibility for the patient’s life. (SEND BY CERTIFIED MAIL!)



OUTCOME

Shortly thereafter, the parents received a letter authorizing the residential placement.

DATE

To: CEO (by name)

INS. CO. NAME & ADDRESS (use the headquarters)

From: YOUR NAME & ADDRESS

Re: PATIENT’S NAME

DOB (Date of Birth)

Insurance ID#

Case #

Dear (Pres. of INS. CO.):

Residential placement services for eating disorder treatment have been denied for our [son/daughter] against the recommendations of a qualified team of experts consistent with the American Psychiatric Association’s evidence-based clinical practice guidelines. Full documentation of our child’s grave medical condition and history and our attempts to obtain coverage for that care is available from our case manager [name]. At this time, I would like you to put in writing to me and to my child’s case file that [INS. CO.] is taking complete responsibility for my [son’s/daughter’s] life.

Respectfully,

[YOUR NAME]

Cc: [CASE MANAGER

NATIONAL MEDICAL DIRECTOR (get the names for both the medical and behavioral health divisions)

NATIONAL MEDICAL DIRECTOR—Behavioral Health]