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National Eating Disorders Association

## Sample Letter #2

Request to convert the number of hospital days the patient is eligible to receive to counseling sessions when the insurance company denied continued coverage of 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 loved one 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 CONTACT PERSON
INS. CO. NAME & ADDRESS
From: YOUR NAME & ADDRESS
Re: PATIENT'S NAME
DOB (Date of Birth)
Insurance ID#
Case #

Dear [NAME]:

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