

Sample Letter #3

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 disorder 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 were required to seek reimbursement for the treatment facility portion.

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]:

My [child/loved one] has been under treatment for [name the eating disorder and any applicable co-existing condition] since [month/year]. [He/She/They] were first seen by [Insert TYPE OF PROVIDER (i.e., the college health clinic, their primary care physician or specialist)] [at UNIVERSITY NAME or Dr. NAME] and then referred for treatment that was arranged through [INS. CO.]. At the end of the semester, I met with my [child/loved one] and [his/her/their] 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 an eating disorders organization for consultation and resources. 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/loved one]. Dr. [NAME] was willing to see [him/her/them] immediately, so we made those arrangements.

As you can imagine, this was all very stressful for the entire family. Due to the medical complications of eating disorders, and the need for continuity of care was imperative, so we went ahead with the process and lost sight of the pre-approval 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 treatment program in the [LOCATION] area and continues to see Dr. [NAME] through arrangements made by [INS. CO.].

Also, at the beginning of [PATIENT NAME]'s treatment, some confusion existed about medications necessary for them during this difficult/acute care period. At one point payment for one of [his/her/their] medications was denied even though the treatment team recommended it, and it was prescribed by [his/her/their] primary care physician, Dr. [NAME]. I spoke to a [INS. CO.] employee [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]

Cc: