

Sample Letter #4

To continue being covered by insurance while attending college less than full-time so that the student can remain at home for a semester due to the eating disorder. Note: When a student is insured through their school and does not have insurance through their parents plan, if they do not register on time at the primary university at which they have 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 [child's/loved one'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 requires [him/her/them] to reduce the number of classes they will be able to take this fall. When [PATIENT NAME's] completes re-enrollment at [UNIVERSITY NAME] (which is not possible to do until the first day of classes, [DATE]), [he/she/they] will have the registrar's office notify you of [his/her/their] status.



National Eating Disorders Association

At this time, [PATIENT NAME] plans to be a part-time student at [UNIVERSITY] for the [DATE] semester and plans to return to [UNIVERSITY] in [DATE], provided their eating disorder stabilizes. If all goes well, [he/she/they] may be able to graduate with their class and complete [his/ her/their] 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 [child/loved one] with [his/her/their] academic plans and is aware of [his/her/their] 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: