

[Date]

[Insurance contact name]

[Title]

[Name of Health Insurance Company]

[Address]

[City, State, ZIP Code]

Insured: **[Name]**

Policy Number: **[Number]**

Group Number: **[Number]**

Dear **[Name of Contact]**:

I am writing on behalf of my patient, **[your child's name]**, to request that **[name of health insurance company]** approve coverage for **[residential treatment/intensive outpatient program/other treatment]** for the treatment of **[your teen's issues]**. This letter documents the medical necessity for this therapy and provides information about **[teen's name]'s** history of treatment.

Patient History and Diagnosis

[Teen's name] is a **[age]** year old **[male/female]** with a diagnosis of **[diagnosis]** as of **[date]**.

[Insert history here or attach history to this letter – see sample *Appeal Insurance with History* or *History in Worksheets and Forms*]

[Teen's name] has participated in multiple lower levels of treatment and has consistently failed or continued to exhibit negative outcomes. I believe that **[residential treatment/intensive outpatient/other treatment]** of no less than twelve months will offer Jake the opportunity to learn and put into practice socially acceptable, safe behaviors that will facilitate his development into a happy, functioning, contributing member of society **[Residential treatment/intensive outpatient/other treatment]** has been discussed and he has a strong desire to recover in a setting apart from his home and social environment. He is highly motivated to graduate from high school and be able to live a productive life on his own.

If you have any further questions, please feel free to call me at **[physician telephone number, including area code]** to discuss. Thank you in advance for your immediate attention to this request.

Sincerely,

[Physician's Name]

[Physician's Practice Name]

Attachments [original claim form, copy of denial or explanation of benefits, additional supporting documents]