
Sample Letter to Request Internal Review of Autism Assessment or Treatment Denial – For Private Insurance

Your Name
Your Address

Date

Name and Address of the Health Plan's Appeal Department

Re: **Name of Child:**
 Plan ID Number:
 Claim Number:
 Provider Name:
 Date(s) of Service:

To Whom It May Concern:

I am writing to request [a standard/an expedited (select one)] **appeal of your denial of the claim for assessment, treatment or services provided by** [name of provider on date provided].

The reason for denial was listed as [reason listed for denial on the plan's Explanation of Benefits (EOB)], but I have reviewed my policy and/or discussed the treatment with my child's provider and believe the treatment or service should be covered.

Here is where you should provide more detailed information about the situation. Write short, factual statements.

If you are including documents, include a list of what you are sending. For example:

- **Reference and attach letters from your child's medical providers, including your child's treatment plan, prescriber's evaluation or statement of medical necessity, provider's progress notes, etc.**
- *Reference and attach a copy of the Plan's EOB, if applicable.*
- *Reference and attach proof of your child's age and provide a copy of your child's insurance card (if either age or coverage is in dispute).*
- *Reference and attach proof of your child's Autism Spectrum Disorder diagnosis (if diagnosis is in dispute).*
- *Reference and attach published research, if applicable.*
- *Reference and attach any other documents you wish to provide to support your appeal.*

I would like to participate in the appeal meeting, and am available if you need additional information. My contact information is below. I look forward to receiving your response as soon as possible.

Sincerely,

Signature
Typed Name
Address
Email
Phone number