

Example letter for a mental health/substance abuse disorder denial

NOTE: Tips to follow before filing a formal internal appeal.

- Get a letter of support and the appropriate medical records from your treating provider.
- You or your provider can fill out the [Mental Health and Substance Use Disorder Parity Disclosure Request form \(www.dol.gov\)](http://www.dol.gov) (PDF, 180 KB,) to help you get more detailed information from your insurer about why it denied your request for treatment or benefits.

Situation:

You were denied services and need to appeal the denial.

[If Urgent Appeal: **Add** Urgent/Expedited Appeal]

[Your name, address, policy number]

[Date]

[Your Insurance Plan's Address for Appeals]

Re: [Patient's Name]

Insurance ID Number: [Patient's Insurance ID #]

Date of Birth: [Patient's Date of Birth]

Claim Number or Prior Authorization Number: [Claim # from Patient's Explanation of Benefits or Denial Letter]

Date of Service: [If Patient Has Already Received the Service: The Date Patient Received the Services That Were Denied (Check Your Bill or Denial Letter to Verify the Date)]

Provider: [Name of Doctor and/or Hospital]

To whom it may concern:

I'm appealing your company's denial of coverage or payment for the above-referenced service.

[If urgent, add: I have an urgent health situation and I am filing an expedited appeal pursuant to my rights under state and federal law. Because I am appealing the denial of inpatient substance use disorder treatment and I meet the criteria for an expedited review, you are required by Washington state law (WAC 284-43-3170) to make a decision on this appeal as quickly as possible, preferably within twenty-four hours, but in no case longer than seventy-two hours.]

The above-referenced services are medically necessary and are not experimental or investigational. Please see the enclosed letter from my treating provider for additional explanation.

Under federal and state [mental health parity laws](#), health insurers must provide enrollees with the same level of benefits for mental health and substance abuse disorders, such as office visits, as they do for medical and surgical services.

[Now Tell Your Story: Describe your mental health or substance use disorder and the treatment you need. Explain the consequences that result from you not receiving treatment and why it is important that you receive the treatment.]

I respectfully request you cover the above-referenced service, and you provide me with a written explanation of how [Name of Patient's Health Insurance Plan] does or does not comply with the federal parity law. If you have any questions, you can reach me at [Phone # and/or Email Address and/or Physical Address].

Sincerely,

[Your Name]

[Your phone number]