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

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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