

Sample Pre-determination Inquiry

Date

Insurance Company Name
Insurance Company Address
City, State, Zip Code

Re: School Health Based Services

Dear Benefit Review Manager,

This letter is a formal inquiry regarding coverage benefits and limitations for school based health services provided within the scope the following student's Individual Education Plan.

Student's Name:
Group Plan Number:
Member ID Number:

The specific procedural codes involved are:

Service

CPT Codes

We are submitting this coverage determination inquiry to determine whether your insurance company will provide payment for these services. Would you please respond in writing as to whether these services qualify as covered services under this student's insurance coverage along with stating what circumstances they would not be covered and any specific criteria that would have to be met to qualify for payment.

Thank you for your time and prompt response to this matter.

Sincerely