

# Insurance Appeal Letter Template

Autica · The Autism Parent Roadmap

■ **How to use this template:** Fill in every [bracketed field] with your information. Keep the tone factual and professional. Attach all supporting documents referenced in Step 2.

## YOUR INFORMATION

### Sender Details

Your Full Name

Your Address

City, State, ZIP

Phone Number

Email Address

Date

### Insurance Company Details

Insurance Company Name

Claims / Appeals Department  
Address

Member ID / Policy Number

Claim Number Being Appealed

## LETTER BODY

### Opening

Dear Appeals Review Department, I am writing to formally appeal the denial of coverage for **[name of service/therapy]** for my child, **[child's full name]**, date of birth **[DOB]**, Member ID **[ID number]**. The denial was issued on **[denial date]** and cited **[reason given for denial]**.

## Paragraph 1 — Medical Necessity

My child has been diagnosed with Autism Spectrum Disorder (ASD) by **[diagnosing provider name and credentials]** on **[diagnosis date]**. The requested service — **[service name]** — is medically necessary to address **[specific need, e.g., "significant deficits in verbal communication and adaptive behavior"]**. Without this treatment, my child's condition is expected to **[describe impact]**.

## Paragraph 2 — Plan Compliance

Under **[your state]'s** autism insurance mandate and my plan's own coverage provisions, ABA therapy and related autism services are a covered benefit. The denial contradicts both the plan language and applicable state law. I am requesting that you provide the specific policy language used to justify this denial in your written response.

## Paragraph 3 — Supporting Evidence

I have enclosed the following documentation in support of this appeal: • Autism diagnosis report from **[provider]** • Letter of medical necessity from **[treating provider]** • Treatment plan with measurable goals • Progress reports demonstrating benefit from treatment • **[Any additional documentation]**

## Closing

I request that this appeal be reviewed within the standard timeframe required by law. If this is an urgent matter, I request an expedited review. Please respond in writing to the address above. I am also available by phone at **[your phone number]**. Sincerely, **[Your Signature]** **[Your Printed Name]** **[Date]**

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### BEFORE YOU SEND — CHECKLIST

#### Confirm you have:

- Filled in every [bracketed field]
- Attached the denial letter
- Attached the diagnosis report
- Attached the letter of medical necessity

- Attached the treatment plan
- Made a copy of the full packet for your records
- Noted the date sent and the name of who you spoke to
- Set a calendar reminder to follow up in 7 days

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#### FOLLOW-UP LOG

### Track every conversation

Date	Rep Name	Notes / Outcome

■ **Remember:** Insurance companies count on you giving up. Most appeals are won by parents who stay persistent. You have the right to fight this — and you can win.