Template: Patient Grievance Letter

*(Insert the applicable information in brackets—leave the* ***[PATIENT] [ADDRESS] [DATE]*** *fields blank—and create a sample letter for your patients to mail or email to their payer, employer, and/or OIC.)*

**[PATIENT NAME] [ADDRESS] [DATE]**

**[NAME OF PAYER CONTACT] [PAYER ADDRESS]**

Re: Physical Therapy Utilization Prior Authorization

Dear **[NAME]**:

I am writing this letter in response to **[PAYER]**’s recent prior authorization requirement for my physical therapist (PT) services in **[STATE]**.I understand that **[PAYER]** now requires prior authorization through **[UM VENDOR]** following an initial evaluation to approve my PT.

Prior authorizations make accessing my PT care harder. I want access to the benefits I agreed to in my health insurance policy, but **[PAYER]** has chosen to create a barrier to my access of a medically necessary essential benefit.

Patients have a choice. Some of us have individual **[PAYER]** policies; some are under an employer group plan. I plan to share my frustration with my employer, so that they will consider all options before renewing with **[PAYER]** unless this issue is addressed. I would also think that **[PAYER]** would be concerned about patients receiving the best care that is not delayed or denied based on arbitrary cost considerations that ignore my health.

I am asking you to reconsider your prior authorization policy. My physical therapist works to support my health. However, these requirements make it harder for my PT to help me.

Thank you for your consideration.

Sincerely,

**[PATIENT]**

cc: Director of Network Management, Provider Network Manager, Ancillary Provider Engagement & Contracting, Office of the Insurance Commissioner, Local Assembly Member