

Date

Plan name

Plan address

Plan address

Re: Medical Necessity Criteria for (INSERT HEALTH PLAN NAME):

To Whom It May Concern:

I am writing to request disclosure of the criteria used by (HEALTH PLAN NAME) to make medical necessity determinations with respect to mental health or substance use disorder benefits.

The Mental Health Parity and Addiction Equity Act (Pub. L. 110-343) that went into effect October 3, 2009 established a new requirement under federal law that plan administrators or health insurance issuers of group health plans must, upon request, make available to any current or potential participant, beneficiary, or contracting provider.¹ the medical necessity criteria used by a plan with respect to mental health or substance use disorder benefits

As a (POTENTIAL or CURRENT) (PARTICIPANT, BENEFICIARY or PROVIDER), (INSURANCE ID NUMBER- if applicable) I am making such a request and would appreciate your timely response to my request for the medical necessity criteria used by (HEALTH PLAN NAME).

Thank you.

Sincerely,

¹ See Employee Retirement Income Security Act of 1974 § 712(a)(4), 29 U.S.C. § 1185a(a)(4); Public Health Service Act § 2705(a)(4), 42 U.S.C. § 300gg-5(a)(4); Internal Revenue Code of 1986 § 9812(a)(4), 26 U.S.C. § 9812(a)(4).