|  |
| --- |
| APTA Template Letter: Consumer Letter to Human Resources/ Employer |

Insert the applicable information in brackets and create a letter to mail or email to your human resource department or employer to express your concerns.

REMINDER: Delete the header, these instructions, and any other bracketed language below prior to submitting your letter.

Dear [HUMAN RESOURCE DIRECTOR NAME or EMPLOYER]:

I am an employee of [COMPANY NAME] and work in the [CITY/ LOCATION/ STATE] location. I am writing to request your help with a problem I am facing in receiving my physical therapy benefits. As you are aware, my health care benefits are administered through [HEALTH PLAN]. However, the plan has begun to implement practices that prevent me from receiving medically reasonable and necessary care.

[PLAN NAME] has recently begun using [UM VENDOR] to manage the outpatient physical therapy benefit. Since [UM VENDOR] began managing these benefits, [INSERT: tell your story about the difficulties you have had including significant delays in receiving services due to delayed authorization, improperly denied benefits, approved for an inappropriately low number of visits etc.]

While I understand that [PLAN NAME] must make reasonable efforts to ensure appropriate utilization of services, the [UM VENDOR]’s utilization management program is failing to put my needs at the forefront of care. By hindering my ability to receive care, [PLAN NAME AND UM VENDOR] are putting my health at risk and causing detrimental harm to the integrity of health care delivery for your employees and their dependents. Physical therapy is cost effective and beneficial in improving my functional deficits. I have serious concerns that my inability to receive care in a timely manner will have a compounding negative effect on my health, ability to work, and quality of life.

Please contact [HEALTHPLAN NAME] and the [UM VENDOR] to determine why the [UM VENDOR] program is improperly impeding or denying beneficiary access to medically necessary services, and to encourage the timely development of solutions to ensure that future access to care is not inhibited. If these problems are not resolved, I respectfully request that the decision to continue the [UM VENDOR] program be reconsidered.

Thank you for your consideration. Please do not hesitate to contact me if you have any questions or would like to discuss in further detail.

Sincerely,

[NAME]

[ADDRESS]

[TELEHONE]

[EMAIL]