

Sample AB88 Request Letter (Clinician)

Date:	10/1/12
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Insurance Company: ABC Insurance

Address: 1123 Main Street

City, State, Zip Code: Your Town, California, 91111

Re: Abel Cisneros, Jr. DOB: 7/2/04

MR#: 7777777 Policy #: 5555555 Group #: 3333333

To Whom It May Concern:

This letter is a request for authorization for:

My patient has been diagnosed with:

On behalf of my patient, Abel Cisneros, Jr., I am requesting authorization for an applied behavior analysis program that meets the criteria outlined in the recommendations of the multidisciplinary assessment team evaluation dated 6/12/12.

I understand that the Mental Health Parity Law, Health and Safety Code Section 137.72, requires health plans to provide coverage for medically necessary treatment of severe mental illness as applied to other medical conditions.

Anorexia nervosa	Panic disorder	
Bipolar disorder (manic-depressive illness)	Pervasive developmental disorder or autism	
Bulimia nervosa	Schizoaffective disorder	
Major depressive disorders	Schizophrenia	
Obsessive-compulsive disorder	Other	
This recommendation is based on the following assessments. See enclosed: - Speech Assessment (9/20/12)by Clifford Lee, SLP/AAC Specialist - Happy Hills School District Assessment Team (8/12) - Multidisciplinary assessment from ABC Child Development Center at Happy Hills University (6/12/12) In addition to the documents listed above, enclosed please find the following documents that support this request:		
		
Sincerely,		
R. Friend, MD		



Dr. R. Friend

Revised: 12.6.13