*Template: Consumer Letter to Legislator*

(Insert the applicable information in brackets and create a letter to mail or email to your legislator’s office. You may use this letter to contact your state and/or federal representatives.)

**\*\* REMINDER: DELETE THESE INSTRUCTIONS AND ANY OTHER BRACKETED LANGUAGE BELOW PRIOR TO SENDING YOUR LETTER**

Dear [Senator/Representative NAME]:

I am a resident of [STATE and/or District] and am currently enrolled in [PLAN NAME]’s plan. I am writing to request your help with a problem I am facing in receiving the benefits to which I am entitled. [PLAN NAME] partners with providers to develop and deliver high-quality, cost-effective health care; however, [PLAN NAME] 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 my 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 amount of visits etc.]

While I understand that [PLAN NAME] may 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 and other plan enrollees’ health at risk while also causing detrimental harm to the integrity of the health insurance marketplace. I have serious concerns that my inability to receive care in a timely manner will have a compounding negative effect on my health and quality of life.

I respectfully request that your office contact [STATE]’s Department of Insurance, [PLAN NAME], and the [UM VENDOR] to determine why the [UM VENDOR] program is improperly denying enrollee access to medically necessary services, and to encourage the timely development of solutions to ensure that future access to care is not inhibited.

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.

[NAME

ADDRESS

TELEPHONE

EMAIL]