

Coverage Request Letter

Are you frustrated because prescription weight loss medicine is not covered by your employer's prescription benefit plan? Don't get discouraged. You may still be able to get coverage for your teen with the help of their health care provider.

Print out the following sample Coverage Request Letter and bring it to your teen's health care provider. Ask him or her to use it as the basis for a note on their letterhead.

Then bring the letter to the benefits manager or human resources contact at your job. That person may be able to contact your insurance provider on your behalf to try to secure coverage for prescription weight loss medicine for your teen.

SAMPLE COVERAGE REQUEST LETTER

- ▶ *The example below is for reference only. When drafting a coverage request letter, it should be written on your health care provider's letterhead. This form should **NOT** be used as the coverage request letter.*

To Whom It May Concern:

I am writing this letter on behalf of my patient, *Patient's Name*, to express a concern. My patient is in need of prescription weight loss medication that is currently not covered by your insurance plan.

It is well recognized that obesity is a chronic illness associated with many related diseases, such as dyslipidemia and hypertension. Obesity deserves the same treatment and attention as any other chronic illness. Please contact your health plan or pharmacy benefits manager to pursue coverage for either this individual employee or for the company at large.

Sincerely,
Health Care Provider's Signature
Health Care Provider's Name