

Appeal for Denial of Autism Services

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Recipient's Title]
[Organization/Insurance Company Name]
[Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally appeal the denial of autism services for my child, [Child's Name], as outlined in the notice dated [Date of Denial]. It has come to my attention that the reasoning provided for this denial does not accurately reflect [his/her] medical needs as evaluated by [Provider's Name, Credentials].

[Child's Name] has been diagnosed with Autism Spectrum Disorder by [Provider's Name]. The recommended services, which include [List Specific Services], are vital to [his/her] development and well-being as per [Provider's Name]'s professional assessment.

I have attached supporting documents, including [List Documents: evaluations, letters from providers, etc.], to reaffirm the importance of these services. I kindly request a thorough review of [Child's Name]'s case and reconsideration of the denial.

Thank you for your prompt attention to this matter. I look forward to your response.

Sincerely,

[Your Name]