

Treatment Cost Request for Mental Health Services

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient Name]

[Recipient's Title]

[Mental Health Service Provider's Name]

[Provider's Address]

[City, State, Zip Code]

Dear [Recipient Name],

I hope this message finds you well. I am writing to request an estimate of the treatment costs associated with the mental health services that I am seeking at your facility.

As I am currently considering my options for therapy, I would appreciate it if you could provide a breakdown of the potential costs involved, including:

- Initial consultation fees
- Session fees (individual/group therapy)
- Medication management costs
- Insurance coverage details, if applicable
- Any additional fees that may apply

Thank you for your attention to this matter. I look forward to your prompt response, as it will aid me in making an informed decision regarding my mental health care.

Sincerely,

[Your Name]