

# Letter of Submission for Insurance Assistance Program

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

## **Subject: Submission for Insurance Assistance Program - Mental Health Services**

Dear [Insurance Company Representative's Name],

I am writing to formally submit a request for assistance under the Insurance Assistance Program for mental health services. My name is [Your Name], and my policy number is [Policy Number]. I am seeking coverage for [specific mental health services, e.g., therapy, counseling, medication management], which I believe are essential for my well-being.

Enclosed with this letter, you will find all necessary documentation, including:

- A completed application form
- Letter of diagnosis from my mental health provider
- Details of the proposed treatment plan
- Billing statements or treatment cost estimates

I appreciate your attention to this matter and look forward to your prompt response. Should you require any additional information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your consideration.

Sincerely,  
[Your Name]