**Template Letter from You to Your Insurance Company—**

**Request for Preauthorization**

**INSTRUCTIONS:**

1. Replace everything that is highlighted with *your* personal information and remove the highlights once you are done.
2. In the section that says “why you need the procedure,” include a brief description (about one paragraph) describing why this treatment is medically necessary for you. Your doctor’s or health care provider’s letter should discuss the medical necessity of the treatment in more detail, but this is an opportunity to put into your own words why you need this treatment. You can discuss why this procedure is a necessary step in your treatment for gender dysphoria, and why you meet the criteria for the treatment in your insurance plan’s documents or in the World Professional Association for Transgender Health (WPATH) [*Standards of Care*](http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351&pk_association_webpage=4655). Additionally, you can refer to WPATH’s [*Position Statement on Medical Necessity of Treatment, Sex Reassignment, and Insurance Coverage in the U.S.A*](https://www.wpath.org/media/cms/Documents/Web%20Transfer/Policies/WPATH-Position-on-Medical-Necessity-12-21-2016.pdf). You can also discuss the impacts that your gender dysphoria, and not having this treatment, is having on your health and life overall.
3. In the section that says “legal explanation,” paste in the legal explanation that fits your situation from [here](https://transequality.org/health-coverage-guide/insurance-letter-template).
4. Don’t forget to include a letter from your doctor explaining why the procedure is medically necessary for you! See instructions [here](https://transequality.org/health-coverage-guide/health-care-provider-letters).
5. To find the insurance’s companies address or fax number to where you should you’re your letter, check out your insurance card or call your insurance company
6. Once you are done preparing your letter, remember to delete this instruction page, and anything that is highlighted!

[Your name]

[Your address]

[Your phone number]

[Your email address]

[Date]

[Insurance company name]

[Insurance company address]

RE: Request for preauthorization for [Name of procedure/treatment]

To Whom It May Concern:

I am enrolled in [insurance company name, plan name], policy number [policy number]. I am requesting prior authorization for [procedure name]to treat gender dysphoria.

It is the overwhelming consensus among major medical organizations—including the American Medical Association, the American College of Physicians, the American Psychological Association, the American Psychiatric Association, the American Academy of Family Physicians, the Endocrine Society, the American College of Obstetricians and Gynecologists, and the World Professional Association for Transgender Health—that transition-related medical treatments such as [procedure name] are safe, effective, and medically necessary when clinically indicated to treat gender dysphoria.[[1]](#footnote-1) Numerous studies have demonstrated the significant benefits of medical treatments for gender dysphoria. Major medical organizations such as those named above therefore support coverage of medically necessary transition-related care in accordance with the World Professional Association for Transgender Health’s most recent *Standards of Care* (available at <https://www.wpath.org/publications/soc>). In particular, WPATH specifically issued guidance on the medical necessity of treatment for gender dysphoria (<https://www.wpath.org/media/cms/Documents/Web%20Transfer/Policies/WPATH-Position-on-Medical-Necessity-12-21-2016.pdf>).

[Why you need the procedure/treatment, in your own words]

[Legal explanation – click [here](https://transequality.org/health-coverage-guide/insurance-letter-template) to access the text for your health plan and state]

Please find enclosed a letter from my health care provider. This letter provides further support and documentation of the medical necessity of this treatment.

[Click [here](https://transequality.org/health-coverage-guide/health-care-provider-letters) to get additional information about what should be in your medical provider’s letter]

[If your procedure is already scheduled, include the date here, and provide a date by which you need to get a response.]

Sincerely,

[Your name]

1. For a compilation of statements from major medical associations on this issue, see: <https://www.lambdalegal.org/sites/default/files/publications/downloads/ll_trans_professional_statements_17.pdf> and <https://transcendlegal.org/medical-organization-statements> [↑](#footnote-ref-1)