***Template: Notice to Inform Patients of UM Activities***

(Insert the applicable payer, UM vendor, and link to state insurance commissioner, and post or distribute for patients to read.)

**Attention Patients With [PAYER] Insurance**

Your insurance company has hired a third party to authorize physical therapy benefits. This company is **[UM VENDOR NAME]**.

**What does this mean for you?**

**[UM VENDOR NAME]** requires your physical therapist to fill out forms to authorize all physical therapy treatment, except for your initial evaluation. It may take **[UM VENDOR NAME]** several days to respond to our request for physical therapy visits for you and your family. As a result, your treatment with us may be delayed, modified or denied.

**What are we doing for you?**

Our administrative and professional physical therapy staff are working tirelessly on your behalf to ensure medically necessary services are authorized. We communicate regularly with **[UM VENDOR NAME]** and, if necessary, with your insurer.

**What can you do to advocate for yourself?**

**If you think your care has been delayed or necessary services impeded or denied,** please contact your employer, benefit manager, insurer, and the Office of the Insurance Commissioner **to voice your concerns. Here is the link to the [STATE] insurance commissioner:**

**[LINK].** If you are receiving services under a Medicare Advantage plan, contact the insurer and the CMS.  **Here is the link to CMS: ….**If you are receiving services under a Medicaid, contact your insurer and state medicaid office.