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| APTA Template Letter: Patient to Payer to Request Reconsideration of the Policy to Impose a PTA Reimbursement Reduction |

This template is to be used by patients to convey their concerns on the PTA payment differential and to request a change in policy.

Insert the applicable information in brackets and create a letter to mail or email to the appropriate payer.

REMINDER: Delete the header, these instructions, and any other bracketed language below prior to submitting your letter.

[DATE]

[NAME/TITLE OF ADDRESSEE]

[INSURER NAME]

[ADDRESS]

Attn: [FIRST/LAST NAME]

Re: [HEALTH PLAN] PTA differential

Dear [TITLE/LAST NAME]:

I am writing to request your help with a problem I am facing in receiving my (HEALTH PLAN) benefits. I recently became aware that (HEALTH PLAN) is implementing a new policy that fails to put my needs at the forefront of care. Your decision may prevent me from receiving medically reasonable and necessary services from my chosen therapy team at the clinic that best meets my needs and goals for care.

My ability to access physical therapy services in a timely manner is improved by the delegation of certain aspects of my treatment to a physical therapist assistant. Without this collaborative model, scheduling appointments would be much more difficult. I am concerned that this change will impact staffing levels at physical therapy practices and thereby limit my ability to receive appropriate and comprehensive care.

IF YOU CHOOSE TO, INSERT HERE WHY THE PT-PTA TEAM IS IMPORTANT TO YOU.

Please reconsider implementing this new PTA policy. My physical therapist assistant and physical therapist work as a team to support my health. Having experienced the positive impact of physical therapy, I strongly encourage (HEALTH PLAN) to support its providers and enrollees.

Thank you for your consideration.

Sincerely,

(PATIENT NAME)