|  | 5501 Fortunes Ridge Rd, Suite P  Durham, NC, 27713  919-391-7202  drboazak@animosanopsychiatry.com |
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Dear Insurance Company,  
  
I am writing on behalf of my patient, [Patient Name], to request coverage for their treatment of anxiety.   
  
My name is Dr. Arjun Rao and I am the primary care provider for [Patient Name]. I have been treating [Patient Name] for anxiety since [date]. During this time, I have prescribed [medication] and [therapy] to help manage their symptoms.   
  
[Patient Name] has been making progress in their treatment, but I believe that they need additional coverage to help them manage their anxiety. I am requesting coverage for [medication], [therapy], and [additional treatments] to help [Patient Name] manage their anxiety.   
  
I understand that insurance companies have to make difficult decisions when it comes to coverage, but I believe that providing coverage for [Patient Name]’s treatment is the best course of action. I am confident that with the right coverage, [Patient Name] will be able to manage their anxiety and lead a healthier life.   
  
Thank you for your time and consideration. I look forward to hearing from you soon.   
  
Sincerely,   
  
Dr. Arjun Rao