**LETTER TEMPLATE**

**TELEMEDICINE COVERAGE HARDSHIP LETTER**

**[Name]**

**[Address]**

**[Email]**

**[Phone #]**

**[Date]**

Dear **[insurance company]**:

After much research, we have finally found a **[therapist or other medical professional]** with expertise in our **[dependent]**’s specific **[symptom/disease/condition]**.

However, due to **[location/Covid/etc.]**, this provider is only offering their services remotely, and our plan with your company does not cover telemedicine.

We are asking that an exception be made to cover remote care via this provider, **[Provider Name]**. They are in-network, and normally visits would be fully covered.

Thank you for your review of this matter. Please reply at your earliest convenience, as we hope to book an appointment soon.

Sincerely,

**[Name]**