

# Sample Template for Insurance Appeal (U.S.):

Date:

To: [Plan Administrator]  
[Address]

From: [Your name]  
[Address]

Company/Plan #:  
ID #:

Re: [Your child's name]  
[Your child's birthdate]  
Claim #:

Dear [Plan Administrator],

We are writing to appeal denial of claim number \_\_\_\_\_ for treatment obtained on \_\_\_\_\_ for our daughter, \_\_\_\_\_. \_\_\_\_\_ was diagnosed with Anorexia by Dr. \_\_\_\_\_. At that time, our daughter presented with low body weight, amenorrhea, restricted caloric intake and excessive exercise. As you can imagine, learning that our daughter has an eating disorder has been emotionally draining. With the highest mortality rate of all psychiatric conditions and the risk of severe, debilitating and costly medical complications, we knew that finding effective, evidence-based treatment was critical for our daughter's future wellbeing.

Dr. \_\_\_\_\_ worked tirelessly with us to attempt to find appropriate, evidence-based treatment for our daughter in our area. Having no success in finding professionals who specialize in eating disorder treatment locally and being unable to achieve improved health with the care available, we were referred for treatment at the \_\_\_\_\_. At the clinic, our daughter received a full psychological and psychiatric evaluation, and as a family, we were provided with education on the condition and taught how to best support her at home through the use of family-based therapy (also known as Maudsley).

According to the denial of claim number, the treatment at \_\_\_\_\_ was deemed experimental; however, as illuminated in the attachment, current research, the National Institute on Mental Health (NIMH) and the American Psychiatric Association's Practice guidelines indicate that family-based therapy is the most effective treatment for **adolescents** with anorexia nervosa and similar conditions.

Thank you in advance for your consideration and assistance in this matter.

Sincerely,

[signature]

CC: Dr. \_\_\_\_\_  
\_\_\_\_\_, Insurance Commissioner

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## ATTACHMENT

### Supporting Evidence

1. In their paper on the *NIMH's* perspective on eating disorders, Chavez & Insel (2007) indicated that "Of the various psychotherapeutic interventions used to treat adolescents with anorexia nervosa, family-based therapies have been found to be the most effective in leading to clinically meaningful weight gain and improvements in eating and mood-related outcomes."

2. According to the *American Psychiatric Association Practice Guidelines, Treatment of Patients With Eating Disorders, Third Edition, Part A. Treatment Recommendations for Patients With Eating Disorders*: "for children and adolescents with anorexia nervosa, family involvement and treatment are essential." In addition, the guidelines indicate "for children and adolescents, the evidence indicates that family treatment is the most effective intervention. In methods modeled after the Maudsley approach, families become actively involved, in a blame-free atmosphere, in helping patients eat more and resist compulsive exercising and purging. For some outpatients, a short-term course of family therapy using these methods may be as effective as a long-term course; however, a shorter course of therapy may not be adequate for patients with severe obsessive-compulsive features or nonintact families."

3. Supporting research on family-based therapy includes the following:

- ❖ Bulik, C.M., Berkman, N.D., Brownley, K.A., Sedway, J.A., & Lohr, K.N. (2007). *Anorexia nervosa treatment: A systematic review of randomized controlled trials*. *International Journal of Eating Disorders*, 40(4), 310-320.

*"Variants of family therapy are efficacious in adolescents..."*

- ❖ Eisler I, Dare C, Hodes M, Russell G, Dodge E, & Le Grange D. (2000). *Family therapy for adolescent anorexia nervosa: The result of a controlled comparison of two family interventions*. *Journal of Child Psychology and Psychiatry*, 41, 727-736.

*"This paper reports the results of a randomised treatment trial of two forms of outpatient family intervention for anorexia nervosa. Considerable improvement in nutritional and psychological state occurred across both treatment groups."*

- ❖ Eisler, I, Simic, M., Russell, G.F., & Dare, C. (2007). *A randomised controlled treatment trial of two forms of family therapy in adolescent anorexia nervosa: A five-year follow-up*. *Journal of Child Psychology and Psychiatry*, 48(6), 552-60.

*"This study confirms the efficacy of family therapy for adolescent anorexia nervosa, showing that those who respond well to outpatient family intervention generally stay well."*

- ❖ Keel, P.K. & Haedt, A. (2008). *Evidence-based psychosocial treatments for eating problems and eating disorders*. *Journal of Clinical Child and Adolescent Psychology*, 37(1), 39-61

*"At this time, the evidence base is strongest for the Maudsley model of family therapy for anorexia nervosa."*

- ❖ Lock, J. & le Grange, D. (2004). *Family-based treatment of eating disorders*. *International Journal of Eating Disorders*, 37(1), 64-67.

*"Family treatment, particularly as devised by researchers at the Maudsley Hospital, appears to be an effective treatment for adolescents with short-term AN."*

## Sample Template for Insurance Appeal (U.S.):

- ❖ Loeb, K.L., Walsh, B.T., Lock, J., Le Grange, D., Jones, J., Marcus, S., Weaver, J., & Dobrow, I. (2007). *Open trial of family-based treatment for full and partial anorexia nervosa in adolescence: Evidence of successful dissemination.* Journal of the American Academy of Child and Adolescent Psychiatry, 46 (7), 792-800.

*"This open trial provides evidence that FBT can be successfully disseminated, replicating the high retention rates and significant improvement in the psychopathology of adolescent AN seen at the original sites."*

- ❖ Russell GF, Szmulker GI, Dare C, & Eisler I. (1987). *An evaluation of family therapy in anorexia nervosa and bulimia nervosa.* Archives of General Psychiatry, 44, 1047–1056.

*"Family therapy was found to be more effective than individual therapy in patients whose illness was not chronic and had begun before the age of 19 years."*

- ❖ Sim, L., Sadowski, C., Whiteside, S., & Wells, L. (2004). *Family-based therapy for adolescents with anorexia nervosa.* Mayo Clin Proc., 79 (10), 1305-8.

*"Our findings suggest that enlisting the family in the treatment of adolescents with anorexia nervosa may lead to greater weight gain, shorter treatment duration, and reduced costs."*

