

Sample Formal Request for Services, Medi-Cal

<Your Address>

<Address of Medical Group>

Date:

To Whom It May Concern,

I am writing on behalf of my child, _____(name) (DOB, Health Plan id #). _____ is a member of _____ medical group, and is a patient of Dr _____ (primary care doctor). _____ was diagnosed with _____ (autism or something else) on ____ (month, year), by Dr ____ . I am writing to formally request an evaluation for (____ therapy (e.g. speech, OT, etc)) and subsequent therapy in the frequency and amount specified by evaluation. I requested this service from Dr _____ on _____ (date). I was told (put in what happened...: e.g. I had to get services from my school, it is not covered,) but the law requires you to notify me in writing. I am therefore formally requesting these services, and requesting a prompt response.

I thank you in advance for responding.

Sincerely,