[Your Name]

[City], [Province] [Postal Code] Phone: [Your Phone] Fax: [Your Fax]

E-Mail: Web:

Date: [Insert Date]

[Recipient]

[Title]

[Company]

[Address 1]

Dear [Recipient]:

My claim [reference numbers etc] has been denied. I wish to appeal this decision on the grounds that I strongly believe I have the right to choose my therapist. This is based on much more than my opinion. I have been looking into the effectiveness of therapy and how to choose a therapist.

From what I have learned, paper qualification, accreditation or even years of experience are not good predictors of success in therapy. Research indicates that the quality of the relationship the client is able to form with their therapist has the most influence on the successful outcome of therapy. For this reason, my judgment of which therapist I feel comfortable with should be an important factor.

I trust [name of therapist] and I am making progress in our sessions. To insist that I choose a new therapist, because of a policy, seems illogical and not in my best interests and I respectfully request that you please reconsider my claim.

Sincerely,

[Your Name]

[Your Title]