

To whom it may concern:

I am writing this letter on behalf of my patient: _____, date of birth: _____, to document the necessity of ABA therapy treatment.

This letter offers information about their medical history, diagnosis, and an explanation for the necessity of treatment.

(Patient's Name) _____ has been diagnosed with: _____, and currently exhibits symptoms that warrant ABA therapy.

I recommend an appropriate and individual treatment like: _____ which will help him/ her to:

The rationale for recommending this treatment is that it's totally safe, proven, and research based.

The behavior interventions are going to help the patient to engage in desirable behaviors, increase his / her adaptability, appropriately interact with peers and significant others. It will help with his/her daily living and routines, increase safe inclusion in the community, appropriately communicate wants and needs, and generalized learned skills.

The treatment plan will last for a total of: _____ weeks and will be supervised by myself or one of my associates. This will be repeated as necessary.

In summary, _____ (patient's name) is a ____ year old that struggles with _____ and the need for ABA therapy is a necessary and a safe treatment that will help the client to appropriately interact with typical same age peers. This therapy will address his/her specific needs.

I urge you to approve this request and provide the coverage needed for ABA therapy. Please contact me if you have any questions.

Thank you for your time and consideration.

Sincerely,

Doctor's name

NPI Number

Signature

Date

Address

City

State

Zip Code

Phone number