LEIGH PFEIL GOODMAN

CONSULTING + BUSINESS MENTORSHIP

Reimbursement Rate Increase Request Template

[DATE]

[CONTACT NAME], [TITLE], [DEPARTMENT]
[PAYER NAME]
[ADDRESS 1]
[ADDRESS 2]
[PHONE] | [FAX]

Hello,

I, [NAME, CREDENTIALS] at [PRACTICE NAME], TIN [TAX ID NUMBER], NPI [NPI NUMBER], am seeking a review of my contracted rates with [PAYER/PLAN]. I am a [PROFESSIONAL TITLE] in the [ZIP CODE] zip code offering [TYPE OF SERVICE(S) YOU OFFER] for [PATIENT POPULATION, FOR EXAMPLE, CHILDREN, ADOLESCENTS, AND/OR ADULTS]. I specialize in [LIST YOUR SPECIALTIES OR AREA(S) OF EXPERTISE]. My training includes, but is not limited to, [INCLUDE YOUR TRAINING, APPROACHES, COMMONLY USED MODALITIES, ETC.]. My reputation for collaboration is highly regarded in the community and surrounding areas, which has reinforced my strong referral relationships with local schools, courts, pediatricians, and primary care providers. I offer telehealth services, which increases patient access to convenient, high-quality mental health care.

While reviewing a cost/benefit analysis of being paneled with your company, I have analyzed my current reimbursement rates with [PAYER/PLAN]. I have determined the rates in my current agreement are simply not competitive with my direct pay rates, nor with other payers with whom I maintain agreements. For this reason, and compounded by the need to keep up with increasing administrative overhead, I cannot continue to see clients at the current reimbursement rate.

These are the current reimbursement rates for the CPT codes I utilize most frequently through [PAYER/PLAN]:

CPT	Current Reimbursement Rate
XXXXX:	$XXX
XXXXX:	$XXX
XXXXX:	$XXX
XXXXX:	$XXX
XXXXX:	$XXX

My current direct pay rate for [INTAKE CODE] is $XXX. My current direct pay rate for all remaining codes is $XXX.

I am requesting an increase to the following rates to remain contracted with [PAYER/PLAN]:

CPT	Current Reimbursement Rate
XXXXX:	$XXX
XXXXX:	$XXX
XXXXX:	$XXX
XXXXX:	$XXX
XXXXX:	$XXX

Thank you for your consideration in this matter. I request a response by mail or email ([INSERT EMAIL ADDRESS IN PARENTHESES]) or fax ([INSERT FAX NUMBER IN PARENTHESES]) within three (3) weeks.

Thank you,

[NAME, CREDENTIALS]
[PRACTICE NAME]