**Template Complaint Letter #3 – State/local government**

* Use this template if your health insurance plan is through a state or local government employer
* Send the letter to: U.S. Department of Health & Human Services

Hubert H. Humphrey Building

200 Independence Avenue, S.W.   
 Washington, D.C. 20201  
 (Toll Free Call Center: 1-877-696-6775)

Today’s date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

My name is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. My phone number is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. My address is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  
I am a patient of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I have \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ plan with \_\_\_\_\_\_\_\_\_\_\_\_ insurance company in the city of \_\_\_\_\_\_\_\_\_\_\_\_, state of \_\_\_\_\_\_\_\_\_\_\_\_\_\_. I have this insurance from my (or a family member’s) employment with a state or local government.

I believe I have been discriminated against in violation of the Federal Mental Health Parity and Addiction Equity Act because I have:

\_\_\_been unable to find an in-network psychiatrist who is qualified to treat my condition or can see me in a reasonable amount of time at a location near me

\_\_\_ been required to get prior authorization for psychiatric treatment (visits or drugs) but not for other medical care

\_\_\_ been limited to \_\_\_ number of visits to my psychiatrist or hospital days

\_\_\_my co-payment for psychiatric visits is higher than it is for other medical care

\_\_\_been told my psychiatric care is not covered or I must fail other treatments first before it will be covered.

I request that you investigate this matter as soon as possible. Please call me at the number above to discuss and initiate this investigation.