**Template Complaint Letter #2 – Employer self-funded**

* Use this template if your health insurance plan self-funded by your employer
* Send the letter to U.S. Department of Labor
 Frances Perkins Building

200 Constitution Ave., NW
Washington, DC 20210

 (Toll-free call center 1-866-487-2365)

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

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

I have \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ plan with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ insurance company. My employer (or my family member’s employer), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, provides coverage through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ insurance company. This employer is located in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ city/state.

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.