**[PATIENT NAME]**

**[ADDRESS]**

**[DATE]**

Neighborhood Health Plan of Rhode Island

910 Douglas Pike
Smithfield, RI 02917

Re: Physical Therapy Utilization Prior Authorization

Dear NHP Representative,

I am writing to address Neighborhood Health Plan of Rhode Island's recent prior authorization requirement for physical therapy (PT) services. I understand that prior authorization through Evolent is now required following an initial evaluation, as well as for continued services.

These prior authorizations make accessing my PT care more difficult and place an undue burden on my PT. My personal experience with physical therapy (PT) **[Patients to add their personal story here]**

I believe that Neighborhood Health Plan should prioritize ensuring that patients receive timely and appropriate care without delays or denials due to arbitrary cost considerations that overlook patient health. I am asking you to reconsider your prior authorization policy with Evolent.

Thank you for your consideration.

Sincerely,

**[PATIENT NAME}**

cc:Stephanie Tooley, Manager Provider Relations at Neighborhood Health Plan of RI stooley@nhpri.org ; RIOffice of the Health Insurance Commissioner- <https://ohic.ri.gov/consumer-protection/file-complaint>

 **YOUR Local State Representative**