[Date]

[Insurance Company]

[Street Address]

[City, State Zip]

RE: PATIENT NAME/POLICY NUMBER

Dear [Insurance Company],

On behalf of PATIENT, I am writing to request coverage for fertility preservation treatments in the context of medically-induced sterilization.

PATIENT has been diagnosed with CANCER and his/her necessary medical treatments present the risk of sterilization. To mitigate this harm, PATIENT is undergoing FERTILITY PRESERVATION TREATMENT and seeking coverage on par with coverage for all other iatrogenic harms associated with his/her cancer treatments such as reconstructive surgery, prosthetics, wigs, blood banking and anti-emetics.

Enclosed for your reference please find the following documents supporting coverage for this iatrogenic condition:

1. PATIENT diagnosis and treatment information including CPT codes and fees
2. American Society for Clinical Oncology Fertility Preservation Guideline
3. American Medical Association Fertility Preservation Resolution
4. LIVESTRONG Case Study & Position Statement

Recent studies suggest that patients are forgoing necessary cancer treatments to avoid medically induced sterilization, which may have a negative effect on cancer outcomes and dramatically increase the cost of cancer care. To that end, many payers have added coverage for fertility preservation treatments in iatrogenic situations, including Aetna, BCBS of Massachusetts, Harvard-Pilgrim, HealthNet and dozens of self-insured corporations.

Thank you in advance for your time and consideration of this important coverage for PATIENT. Time is of the essence with these procedures, so we look forward to your timely response.

If you have any additional questions, please contact NAME at CONTACT INFO.

Sincerely,

[Doctor's Name], MD