*Date*

To Whom It May Concern:

Re: *Patient’s name*

DOB: --/--/----

*Patient’s name* is a year old *boy/girl* with a diagnosis of *Diagnosis,( CPT code),* which is a static encephalopathic condition producing significant difficulties with language comprehension and abstract thinking.

*Patient’s first name* needs language therapy for his difficulty with language comprehension and language expression. *Patient’s first name’s* language comprehension and communication will improve with intensive language therapy as well as *his/her* executive functioning abilities, including abstract thinking, and thus *his/her* social and educational adaptation. Without this assistance now *his/her* overall functional adaptation and thus *his/her* overall health will be adversely affected.

The language problems in this disorder should be considered analogous to that produced by a brain injury affecting the cerebral hemispheres adversely. The problems will improve significantly with therapy.

Without therapy, the gains will not be as functional. In this, case the brain injury is not the result of a single adverse event but a complex set of disorders of brain development. As such, *Patient’s first name* should be eligible for insurance coverage for medically necessary therapy for this known neurologically based condition.

Please consider coverage for these medical needs. Thank you for your carefully considered decision.

Sincerely,

*Doctor’s name*, MD