

PATIENT TESTIMONIAL TEMPLATE

Use this template to write your (or your child's) patient testimonial to provide as part of any appeal needed to obtain an approved treatment. Give this to your healthcare provider's office, as they typically will file the appeal for you.

[Patient Name]

[Date of Birth]

[Policy Number]

[Claim Number]

Request: Authorization for treatment with [Drug Name]

Diagnosis: Severe Alopecia Areata

[Date]

Dear [Insert Insurance Company],

[My name/My child's name] is [Patient Name], and [I've/he's/she's/they've] have been diagnosed with severe alopecia areata for [duration of condition]. I wanted to share my personal experience with alopecia areata to help plead my case and justify why [I am/my child is] an appropriate patient for treatment.

Patient's Story and Experience with alopecia areata:

Patient/Caregiver Instructions: Use this open field to share your/your child's experience with alopecia areata, including details such as:

- Describe the various locations of hair loss on your body (include if your hair is currently/actively shedding)
- Previous treatments and your response to those treatments
- Current treatment and your response to those treatments
- If you have discontinued any treatments/therapies, please explain why
- Any impact the disease has made on your life
- How this condition makes you feel

Sincerely,

Include any photos that show the current state and/or progression of the disease