

**Letter to Request for a Copy of the Summary Plan Description,  
Claim Appeal Procedure, and Explanation of Chiropractic Benefits**

[Date]

[To:] Plan Fiduciary

[Re:] Patient name/address/telephone number/date of birth  
Social Security (or health plan identification) and Group Policy numbers

Sent via US Postal Service - Certified Mail

Dear Sir:

This letter is to request a complete copy of the following for the above noted patient.

- Summary Plan Description (SPD)
- Plan Claim Appeal Procedure
- Full Explanation of Chiropractic Benefits

Enclosed please find a signed copy of the patient Authorization Form authorizing me to act as the patient's representative.

This request follows U.S. Department of Labor guidelines that indicate:

*“A plan's claims procedures may not preclude an authorized representative (including a health care provider) from acting on behalf of a Claimant and further provides that a plan may establish reasonable procedures for verifying that an individual has been authorized to act on behalf of a Claimant.”*

Please note, an enrollee/beneficiary may file suit against a Plan Administrator who fails to comply with the enrollee's/beneficiary's request for a copy of the latest SPD. Section 502(a)(1)(A) of ERISA indicates the Plan Administrator has thirty (30) days to provide the SPD to the enrollee/beneficiary. The Plan Administrator may be held liable for up to \$110.00 per day for each day he/she fails to provide the SPD to the enrollee/beneficiary.

Should you have any questions, feel free to contact me. Thank you for your prompt response to this request.

Sincerely,

[treating provider]

[treating provider address, telephone number, and license number]

cc: [insert patient name and address]

Attachment