

This template letter serves as an ***example only*** for your mental health care provider to utilize as a guide to receive insurance coverage for your gender-affirming care.

Please replace and update all highlighted portions of this letter to reflect your personal experience and needs to demonstrate medical necessity and reduce the potential for service denial.

We highly encourage including quotes from WPATH’s Standards of Care to provide additional validity and support for the requested procedure.

[WPATH Standards of Care 8](#)

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To Whom It May Concern,

This letter is in support of [Client Name], a client I have been working with in my private practice for weekly mental health care since [xx/xx/xxxx].

[Client Name] identifies as [list identities here, i.e., a trans woman and uses she/her pronouns]. They have expressed that they first recognized their gender identity differed from their assigned sex at birth at a young age. They have socially transitioned by changing their legal name to [insert name], legally changing their sex marker to [insert gender], and have undergone several gender-affirming surgeries, including [list surgeries here]. Additionally, they are currently undergoing hormone therapy [provide details here]. Despite these interventions, they continue to experience significant [list any mental health conditions here] such as anxiety, depression, and distress] due to gender dysphoria.

Their goals of the requested surgery are to [list desired results and presentation here].

[Client Name] has met the WPATH criteria for [desired surgery], as outlined in WPATH’s Standards of Care 8, [Insert WPATH info, for example: Chapter 13: Surgery and Post Operative Care, Section: Gender-Affirming Surgical Procedures page [insert page number]].

Within the scope of my practice, I have explained the risks, benefits, and alternatives of this surgery, and I believe they have an excellent understanding of them. [Client Name] is physically healthy to undergo this surgery and they are capable of making an informed decision regarding surgery. I am confident that undergoing [desired surgery], is the next appropriate step for them, which will significantly contribute to alleviating their gender dysphoria. Therefore, I hereby recommend and refer [Client name] to have this surgery. If you have any questions or concerns, please do not hesitate to contact myself or my office.