

[Date]

[Insurance Company Name]
[Claims Department Address]
[City, State, Zip Code]

RE: Long-Term Disability Support Letter
Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Claim Number: [Claim Number]

To Whom It May Concern,

I am writing this letter in support of [Patient Name]'s application for long-term disability benefits. I have been the treating psychiatric provider for [Patient Name] since [Start Date of Treatment] and see them at a frequency of [Number] times per month.

Diagnosis:

The patient is currently diagnosed with the following according to DSM-5 criteria:

- [Primary Diagnosis and ICD-10 Code]
- [Secondary Diagnosis and ICD-10 Code]

Clinical Findings and Symptoms:

[Patient Name] presents with severe symptoms including [List symptoms, e.g., psychomotor retardation, cognitive impairment, panic attacks, suicidal ideation, or severe mood lability]. Objective clinical findings include [List findings, e.g., impaired memory testing, poor concentration, blunted affect].

Functional Limitations:

Due to their psychiatric condition, the patient is unable to perform the following occupational requirements:

- Ability to maintain regular attendance and punctuality.
- Ability to concentrate on complex tasks for extended periods.
- Ability to interact appropriately with supervisors, coworkers, or the public.
- Ability to handle routine workplace stress without decompensation.

Treatment Plan:

Current treatment includes [List medications and dosages] and [Type of therapy]. Despite consistent adherence to treatment, the patient has not reached a level of stability that allows for a return to work in any capacity.

Prognosis:

In my professional medical opinion, [Patient Name] is currently unable to perform the duties of any occupation. Their condition is expected to last for [Duration/Indefinite period]. I recommend that long-term disability benefits be granted to allow the patient to focus on stabilization and intensive treatment.

Please contact my office at [Phone Number] if you require further documentation or clinical notes.

Sincerely,

[Provider Signature]

[Provider Name, Credentials]

[Clinic/Practice Name]

[License Number]