

BEHAVIORAL HEALTH PROVIDERS

Patients need one support letter from a licensed Behavioral Health professional. The letter must meet the requirements of the health insurance carrier as well as those listed below. Where these requirements differ, the more stringent requirements must be followed and documented in the letter. For the most up-to-date requirements, patients should review their personal benefit plan or call their insurance company. The letter should include the following information:

- The patient's general identifying characteristics and information, including date of birth
- The BH clinician's experience with treating transgender patients
- The duration of the BH provider's professional relationship with the patient, including the type and duration of evaluation and therapy or counseling to date
- Results of any psychosocial assessment including any diagnoses
- A description of how the criteria for surgery have been met
- Identify support systems, any progress made in transition socially or medically
- Any BH diagnosis or concerns and how they are being managed
- Contact information for the BH provider and a statement that this provider is available for coordination of care

The support letter should be addressed to "Boston Medical Center Surgeon" and sent to us via one of the following ways:

Preferable, FAX to: 617.414.7158

Cover letter for fax should be addressed to: Center for Transgender Medicine and Surgery

MAIL: Boston Medical Center

Center for Transgender Medicine and Surgery
Preston Building, 3rd Floor, Room 3031
732 Harrison Avenue, Boston, MA 02118

EMAIL: transgender.center@bmc.org

You may also download a copy of this guideline from our website at: www.bmc.org/center-transgender-medicine-and-surgery.

Please don't hesitate to contact us with questions.