

## Sample Denial Letter

*Local agency letterhead*

### DATE

Medical Provider

Clinical Name

Clinic Address

Dear **name of requestor:**

I am writing in response to your prescription request that the WIC program provide **participant's first and last name (DOB)** with **complete name of formula** formula. The **local agency name** WIC Program will not be able to provide this formula.

**Local Agency should insert a paragraph here to explain why the formula was not approved.**

Please feel free to call us at **local agency name and phone number** WIC Program if you wish to discuss the matter further.

Sincerely,

Local Agency CPA

Local Agency Address

Local Agency Phone Number

*Local agency CPAs may want to consider changing the last line of the letter to say: ...free to call "me" at...*