

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...