

Sample Letter of Appeal

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- Fill in the template using the instructions highlighted in blue.
- Once you have filled in the information, remove any remaining instructions in blue.
- Select all the text and change the font to black so the whole document appears as one letter.

Use the list above as a checklist to make sure you have completed these steps prior to sending. **It is important to follow these steps to ensure the letter is clear and concise.**

[Insurance Company]
[Address]
[City, State, Zip]

Re: [Patient Name]
[Policy #]
[DOB]
[Address]
[City, State, Zip]

To Whom It May Concern:

I am writing to appeal the denial of benefits for the use of [Product name (generic name)] for services requested for [Patient Name, ID#, Group #]. Included in this letter of appeal are information on the treatment rationale, medical records, medical necessity data and medical studies confirming currently prescribed product as an effective treatment for the diagnosis associated with [ICD10 Code].

Treatment Rationale:

[Provide information on patient response and history to past treatments and anticipated prognosis and rationale for the currently prescribed product].

Outline of Medical Studies:

[Outline a brief overview of the studies evaluating the use of the currently prescribed product in this condition and/or patient population. Remember to include the FDA approved indications and usage].

Medical Record Information:

[Highlight key dates and entries of the medical record how the currently prescribed product is used].

Per the included medical information, it is my professional opinion that the currently prescribed product is medically necessary in treating the patient and the denials for the patient's use of the drug should be reversed. Please call my office at [Office Phone Number] if I can provide further information or speak with a review board to appeal the denial of coverage decision. I look forward to reaching resolution of overturning the denied status of the currently prescribed product for this patient.

Sincerely,

[Physician Name and Signature]

[Phone Number]

Enclosure: [Original denial notification copy]