

# Letter of Denial for Procedure Appeal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

To Whom It May Concern,

Subject: Appeal Decision for [Procedure Name] - Denial

I am writing to formally notify you of the denial of my appeal regarding the procedure [Insert Procedure Name] performed on [Insert Date of Procedure]. I was informed of this decision on [Insert Date of Notification].

Despite providing all necessary documentation and supporting evidence to justify the need for this procedure, I have been notified that my appeal has been denied due to [State Reason for Denial]. I believe this decision does not accurately reflect my medical situation and the necessity of the procedure.

I respectfully request a detailed explanation of the reasons behind this decision and the criteria used to evaluate my appeal. Further, I would appreciate any options available to me for reconsideration or an additional review of my case.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Medical Record Number or Policy Number if applicable]