

Patient Quality Assessment Appeal

Date: [Insert Date]

To: [Recipient Name]

[Recipient Title]

[Healthcare Facility Name]

[Facility Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally appeal the recent quality assessment results regarding my care at [Facility Name] on [Date of Visit]. It is my belief that the assessment does not accurately reflect the quality of care I received.

During my visit, I experienced [briefly describe your experience or specific issues]. I feel that these concerns were not taken into consideration in the assessment process.

I respectfully request a re-evaluation of my case and a review of the quality standards applied during my assessment. I believe this will provide a clearer picture of the care I received.

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

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]