

Insurance Appeal Letter for Bariatric Surgery

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Appeal for Denial of Bariatric Surgery Authorization

Dear [Insurance Company Representative's Name or "To Whom It May Concern"],

I am writing to formally appeal the denial of my request for authorization for bariatric surgery, referenced under claim number [Claim Number]. I received notification of the denial on [Date of Denial Notification].

I believe this decision should be reconsidered based on the following points:

- **Medically Necessary:** [Briefly explain why the surgery is medically necessary for your condition]
- **Previous Treatments:** [List previous treatments and their outcomes]
- **Impact on Quality of Life:** [Describe how your condition affects your daily life]

Attached are relevant medical records and letters from my healthcare providers that support the necessity of this surgical intervention. I kindly request that you review these documents and reconsider your decision.

Thank you for your attention to this matter. I look forward to your prompt response and am hopeful for a favorable resolution.

Sincerely,

[Your Name]

[Your Insurance Policy Number]