

# Letter of Appeal

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Organization/Company Name]

[Organization Address]

[City, State, Zip Code]

## **Subject: Appeal for Access to Neurological Health Services**

Dear [Recipient's Name],

I am writing to formally appeal the decision regarding my access to neurological health services. My name is [Your Name], and my date of birth is [Your Date of Birth]. I have been experiencing [brief description of neurological condition] and have sought treatment options that have proven essential for my well-being.

Unfortunately, I received a notification on [date of notification] indicating that my request for access to the necessary services was denied. I believe this decision does not adequately consider the severity of my condition and the impact it has on my daily life.

I have consulted various healthcare professionals who have recommended [specific treatments or services needed]. These services are crucial for my treatment plan and recovery. I have attached documentation from my healthcare provider to support my appeal.

I kindly request a review of my case and reconsideration for access to the necessary neurological health services. Thank you for your attention to this matter. I am hopeful for a positive resolution.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]