

Health Insurance Pre-Authorization Appeal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Appeal for Pre-Authorization Denial

Dear [Insurance Company Representative's Name],

I am writing to formally appeal the pre-authorization denial for [specific treatment/procedure] for my [diagnosis or condition] as referenced in your letter dated [date of denial letter]. My policy number is [policy number].

This treatment is essential for my health and well-being, as it has been recommended by my healthcare provider, Dr. [Doctor's Name]. The specifics of my situation include [briefly explain your condition and why treatment is necessary].

Enclosed are the following documents to support my appeal:

- Letter of Medical Necessity from Dr. [Doctor's Name]
- Relevant medical records
- Any other supporting documents

I urge you to review my case and consider the importance of this treatment for my health. I look forward to your prompt response and am hopeful for a favorable resolution.

Thank you for your attention to this matter.

Sincerely,

[Your Name]