

Insurance Coverage Denial Explanation

Date: [Insert Date]

[Employee's Name]
[Employee's Address]
[City, State, Zip Code]

Dear [Employee's Name],

We are writing to inform you of our decision regarding your recent request for employer-sponsored insurance coverage for mental health services. After careful review of your request and the accompanying documentation, we regret to inform you that we are unable to approve coverage at this time.

The reason for this denial is as follows:

- [Reason 1: e.g., Services not covered under current policy]
- [Reason 2: e.g., Treatment deemed not medically necessary]
- [Reason 3: e.g., Provider not in the insurance network]

We understand this may be disappointing news. Please know that you have the right to appeal this decision. To initiate the appeal process, please provide any additional documentation or information that you believe supports your request. Submissions should be sent to:

[Appeal Department Name]
[Insurance Company Name]
[Appeal Department Address]
[City, State, Zip Code]

For any questions or further assistance, please contact our customer service at [Customer Service Phone Number] or [Customer Service Email]. We appreciate your understanding in this matter.

Sincerely,

[Your Name]
[Your Title]
[Company Name]
[Company Address]
[City, State, Zip Code]