

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Title]
[Medical Facility Name]
[Facility Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally complain about the denial of medical services that I experienced on [date of incident] at [medical facility name]. Despite being advised that I needed [specific medical service or treatment], my request was denied without a satisfactory explanation.

This denial has caused [mention the impact, such as health deterioration, financial strain, emotional distress], and I believe it is essential to address this issue urgently. I have attached relevant documents, including [include any supporting documents, like previous medical records or communications].

I kindly request a thorough review of my case and a written response outlining the reasons for the denial, as well as any potential resolutions or alternatives available.

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

Sincerely,
[Your Name]