

Appeal for Denied Medical Procedure Approval

[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 Denied Approval of [Medical Procedure Name]

To Whom It May Concern,

I am writing to formally appeal the recent denial of coverage for the necessary medical procedure, [Medical Procedure Name], as detailed in your letter dated [Denial Date]. This procedure has been recommended by my physician, [Doctor's Name], as a critical intervention to address my medical condition, [Condition].

The denial letter referenced [specific reason for denial], and while I understand the considerations involved, I believe that this procedure is medically necessary for my health and well-being.

I have attached documentation from my healthcare provider, including [list any supporting documents, e.g., medical records, letters of medical necessity], which supports the necessity of this procedure. [Doctor's Name] has clearly indicated that without this procedure, my condition will likely worsen, leading to more severe health complications.

I kindly request a review of my case and reconsideration of your decision regarding the approval of [Medical Procedure Name]. I appreciate your attention to this matter and hope for a favorable resolution.

Thank you for your understanding.

Sincerely,

[Your Name]

[Insurance Policy Number]