

Health Insurance Claim Appeal

[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 Pre-Authorization Denial - Claim #[Claim Number]

Dear [Insurance Company Representative's Name],

I am writing to formally appeal the denial of pre-authorization for [specific medical service or treatment] provided on [date]. My policy number is [Policy Number], and the claim number is #[Claim Number]. The request for pre-authorization was denied on [Date of Denial] based on the reason stated in your letter, which I believe warrants further consideration.

According to the denial letter I received, the reason provided was [insert reason for denial]. However, I would like to draw your attention to [provide supporting information or evidence, such as medical necessity, statements from healthcare providers, or relevant policy coverage].

[Optional: Include a paragraph detailing any prior communications or attempts to resolve this matter.]

Given the compelling evidence of the medical necessity of this treatment and its alignment with my coverage policy, I respectfully request a review of your decision to deny pre-authorization. Please find attached documents supporting my appeal, including [list any attached documents such as medical records, letters from the healthcare provider, etc.].

I appreciate your attention to this matter and look forward to your prompt response. Should you need further information or clarification, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your consideration.

Sincerely,

[Your Name]