

Appeal Letter

[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 Medical Coverage - [Policy Number]

Dear [Insurance Company Contact/Department],

I am writing to formally appeal the denial of coverage for [specific medical procedure/treatment] that was issued on [date of denial] under my policy number [your policy number].

The reason for the denial stated that [briefly explain the reason given for denial]. However, I believe that this procedure is medically necessary for my health condition [briefly explain your health condition and why the procedure is important].

Enclosed, please find additional documentation from my healthcare provider, Dr. [Doctor's Name], who has recommended this treatment. This includes [mention documents such as medical records, letters of necessity, etc.].

I request that you reconsider your decision and approve the coverage for this essential medical treatment. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your consideration.

Sincerely,

[Your Name]

[Your Signature (if mailing a hard copy)]