

# Appeal for Medical Intervention Exclusion

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient Name]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally appeal the recent decision regarding the exclusion of coverage for the medical intervention prescribed by my healthcare provider. My policy number is [Insert Policy Number], and the denied claim reference number is [Insert Claim Number].

The specific medical intervention in question is [Insert Medical Intervention] which was recommended by Dr. [Insert Doctor's Name] due to [briefly explain medical necessity]. Attached are all relevant medical records and documentation supporting this intervention.

According to my understanding of the policy terms, this intervention is medically necessary, and I believe it should be covered under the provisions of my plan. I kindly request that you review my case and reconsider the denial based on the attached evidence.

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

Sincerely,

[Your Name]