

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Department Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Appeal for Review of Out-of-Network Expenses

Dear [Insurance Company Representative's Name],

I am writing to formally appeal the denial of coverage for my recent out-of-network medical expenses incurred on [date of service], under my policy number [your policy number]. After reviewing the explanation of benefits, I believe that these expenses should be covered based on the circumstances outlined below.

[Insert a brief explanation of the circumstances that forced you to seek out-of-network care, including any relevant medical history, provider information, and attempts made to use in-network services.]

According to my policy, expenses incurred due to [mention any relevant conditions, such as emergencies, specialist referrals, etc.] qualify for coverage. I kindly request a reevaluation of my claim based on the facts presented and would appreciate a detailed review considering the urgency and necessity of the care I received.

Attached are copies of the relevant documentation, including:

- The explanation of benefits from the initial claim.
- Itemized bills from the out-of-network provider.
- Medical records supporting the need for out-of-network care.

I appreciate your attention to this matter and look forward to your prompt response. Please do not hesitate to contact me at [your phone number] or [your email] if you need any further information.

Thank you for your consideration.

Sincerely,

[Your Name]