

Insurance Prior Authorization Appeal

Date: [Insert Date]

[Your Name]
[Your Address]
[City, State, Zip]
[Your Phone Number]
[Your Email]

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip]

Re: Appeal of Denied Claim - [Claim Number]

Dear [Insurance Company Representative],

I am writing to formally appeal the denial of my claim (Claim Number: [Claim Number]) for the treatment of [specific treatment or service] dated [date of service]. The reason provided for the denial was [insert reason for denial].

I believe this claim should be approved because [explain reasons for approval--include any relevant medical records, physician letters, or evidence supporting your case].

Please reconsider this decision. I trust you will take my request into account and reverse the denial of the claim. I am including [list any additional documentation you are submitting] with this letter for your review.

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

Sincerely,

[Your Name]
[Your Policy Number]