

# Letter of Appeal for Medical Equipment Rental Agreement

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To Whom It May Concern,

I am writing to formally appeal the decision regarding the rental agreement for medical equipment needed for my child, [Child's Name], who is under pediatric care at [Facility/Clinic Name]. Due to [briefly explain the condition, e.g., a recent surgery, a chronic illness], we require access to [specific equipment, e.g., a pediatric ventilator, wheelchairs, etc.] to ensure ongoing care and support.

Despite the initial denial of our rental request on [insert date], I believe that [provide reasoning, e.g., the medical necessity of the equipment, recommendations from healthcare providers]. Our pediatrician, Dr. [Doctor's Name], has provided [describe any supporting documents or recommendations].

We understand the importance of following policy and procedures, and we are willing to provide any additional documentation or information required to facilitate this process. It is crucial for [Child's Name] to have access to this equipment to ensure their health and well-being.

Thank you for considering this appeal. We hope for a favorable response and express our appreciation for your attention to this matter. Please feel free to contact me at [your phone number] or [your email address] to discuss this further.

Sincerely,

[Your Name]