

Appeal for Additional Physical Therapy Services Coverage

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Appeal for Coverage of Additional Physical Therapy Services

Dear [Insurance Company Representative's Name],

I am writing to formally appeal the denial of coverage for additional physical therapy services as prescribed by my healthcare provider, Dr. [Provider's Name]. My member ID is [Your Member ID].

After careful evaluation, Dr. [Provider's Name] has recommended [number] additional sessions of physical therapy to aid in my recovery from [specific condition or injury]. The previous sessions have been instrumental in my rehabilitation, yet I believe that further treatment is necessary to achieve complete recovery.

The denial of coverage was communicated to me on [date of denial notice], citing [reason for denial]. I respectfully disagree with this assessment, as [provide supporting reasons or medical evidence].

Enclosed with this letter are the relevant medical documents, including my treatment plan, progress notes, and an appeal from Dr. [Provider's Name] detailing the medical necessity of the requested services.

I sincerely request that you reconsider my appeal for the additional physical therapy sessions. Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]

Enclosures: [List of enclosed documents]