

Preauthorization Contest Letter

Your Name
Your Address
City, State, Zip Code
Email Address
Phone Number
Date

Insurance Company Name
Insurance Company Address
City, State, Zip Code

Dear [Insurance Company Representative's Name],

Subject: Contesting Preauthorization Denial for Diagnostic Test

I am writing to formally contest the denial of preauthorization for the diagnostic tests proposed by my healthcare provider, Dr. [Provider's Name], as referenced by Claim Number: [Claim Number]. The requested tests are necessary for my medical evaluation and treatment for [specific medical condition].

According to the review of my case, I understand that the initial denial was based on [state the reason given by the insurance company]. However, I would like to provide further information regarding my medical history and the necessity of these tests.

[Briefly explain your condition, previous treatments, and why the requested diagnostic tests are crucial for your care. Include any relevant medical documentation if applicable.]

Therefore, I respectfully request a reconsideration of your decision to deny preauthorization for these critical tests. I would appreciate a prompt review, as timely diagnosis and treatment are essential for my health outcomes.

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

Sincerely,
Your Name