

Contest Letter for Preauthorization of Durable Medical Equipment

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Contesting Preauthorization Denial for Durable Medical Equipment

Dear [Insurance Company Representative's Name],

I am writing to formally contest the denial of preauthorization for durable medical equipment (DME), specifically [Name of Equipment], requested on [Date of Request]. The denial was communicated to me on [Date of Denial], under the reference number [Claim/Reference Number].

This equipment is necessary for my medical condition, [Briefly describe your medical condition and the need for the equipment]. The [Name of Equipment] has been recommended by my healthcare provider, [Provider's Name], and is essential for my [explain how the equipment will help improve your health or quality of life].

According to [cite any relevant policy provisions or medical necessity guidelines], I believe that the denial was made in error. Enclosed, please find [list of supporting documents such as prescriptions, medical records, etc.].

I urge you to reconsider this decision based on the medical necessity and supporting documentation provided. I respectfully request a prompt review of this matter and an approval of the preauthorization for the required durable medical equipment.

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

Sincerely,

[Your Name]

[Your Health Insurance ID Number]