

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Re: Contesting Preauthorization Denial for Home Health Care

Dear [Insurance Company Representative's Name],

I am writing to formally contest the preauthorization denial for home health care services submitted on [Date of Denial]. The initial request was made on [Date of Request] for [Patient's Name], [Patient's ID Number].

The denial was based on [specific reason given for denial], which I believe is incorrect for the following reasons:

- [Reason 1 - Provide supporting details]
- [Reason 2 - Provide supporting details]
- [Additional reasons if necessary]

I have attached supporting documents including [list documents, e.g., medical records, notes from healthcare providers] that substantiate the necessity of home health care services for [Patient's Name]. I believe that these services are essential for [reason, e.g., recovery, managing health conditions].

I kindly request that you review the attached documents and reconsider the decision made regarding this preauthorization. I am hopeful for a favorable resolution so that [Patient's Name] can receive the care needed.

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

Sincerely,

[Your Name]

[Your Relationship to the Patient]

Attachments: [List of attached documents]