

Letter of Contest for Preauthorization of Mental Health Services

[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 Adjuster/Claims Department],

I am writing to formally contest the denial of preauthorization for mental health services that was communicated to me via [Date of Denial Notice]. The reference number for this case is [Reference Number].

My provider, [Provider's Name], has recommended [specific services or treatment], which is essential for my mental health condition, diagnosed as [Diagnosis]. This treatment is consistent with established medical guidelines and is necessary for my well-being.

The reasons stated for the denial were [briefly outline reasons for denial]. However, I believe that these reasons do not take into consideration [provide counterarguments or additional supporting evidence].

Attached to this letter, you will find supporting documentation from my healthcare provider, including [list of attached documents such as diagnosis, treatment plans, etc.]. I kindly request that you review this information and reconsider your decision regarding preauthorization.

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

Sincerely,

[Your Name]

[Your Insurance Policy Number]