

Letter Contesting Preauthorization Denial

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]

Dear [Insurance Company Representative's Name],

Subject: Contesting Denial of Preauthorization for MRI Imaging

I am writing to formally contest the denial of preauthorization for the MRI imaging recommended by my healthcare provider, Dr. [Doctor's Name], on [Date of Request]. The authorization number is [Insert Authorization Number].

As stated in your letter dated [Date of Denial Notice], the reason for the denial was [insert reason]. However, based on the medical necessity outlined in Dr. [Doctor's Name]'s report, I believe that this imaging is essential for accurate diagnosis and treatment of my condition.

I kindly request a review of this case, incorporating the attached documentation, including Dr. [Doctor's Name]'s notes, which highlight the necessity of the MRI. I believe that this imaging is critical for my ongoing treatment.

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

Sincerely,

[Your Name]