

Letter of Contest for Preauthorization

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Claim Number: [Claim Number]

Patient's Name: [Patient's Name]

Patient's Policy Number: [Policy Number]

Subject: Contesting Preauthorization Denial for Orthopedic Surgery

Dear [Insurance Company Representative's Name],

I am writing to formally contest the denial of preauthorization for the orthopedic surgery recommended for [Patient's Name]. The denial reference number is [Denial Reference Number].

Following the review of the correspondence received on [Date of Denial], I believe that the medical necessity for this procedure has not been adequately taken into consideration. The surgery, scheduled for [Date of Surgery], is critical for addressing [Patient's Condition]. Our orthopedic surgeon, Dr. [Surgeon's Name], has provided the necessary documentation, including the medical records and a letter outlining the rationale for the procedure.

Enclosed with this letter, you will find copies of the following supporting documents:

- Dr. [Surgeon's Name]'s referral letter
- Detailed medical records

- Any relevant diagnostic imaging reports

Given the evidence presented and the urgency of the situation, I kindly request that you review this case again and overturn the denial. I am looking forward to receiving your prompt response regarding this matter.

Thank you for your attention to this urgent request. Please feel free to contact me at [Your Phone Number] or via email at [Your Email Address] should you have any questions or require additional information.

Sincerely,

[Your Signature (if mailing)]

[Your Printed Name]