

Letter of Contesting Preauthorization

[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 Company Representative's Name],

I am writing to formally contest the denial of preauthorization for the outpatient procedure scheduled for [Procedure Date]. The claim reference number is [Claim Number].

The medical necessity for this procedure has been documented by my healthcare provider, [Provider's Name], M.D., in their letter dated [Provider's Letter Date]. I believe that the reasons provided for the denial do not accurately reflect my medical needs and circumstances.

I kindly request a thorough review of the provided documentation and reconsideration of this preauthorization so that I may proceed with the necessary treatment without further delay.

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

Sincerely,
[Your Name]