

Contest Preauthorization for Physical Therapy

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Contesting Preauthorization Denial for Physical Therapy Sessions

Dear [Insurance Company Representative's Name],

I am writing to formally contest the denial of preauthorization for physical therapy sessions related to my treatment for [specific condition or injury], as stated in your letter dated [date of denial letter]. My policy number is [policy number].

According to my healthcare provider, [provider's name], physical therapy is a medically necessary treatment that is essential for my recovery. The [specific details of the medical necessity and recommendation from your healthcare provider].

Enclosed are the relevant documents including my healthcare provider's notes, a letter of medical necessity, and any other supporting documentation that justifies the need for these sessions.

I kindly request a review of my case and reconsideration of your decision. Please contact me at [your phone number] or [your email address] if you need any further information or clarification.

Thank you for your attention to this matter.

Sincerely,

[Your Name]