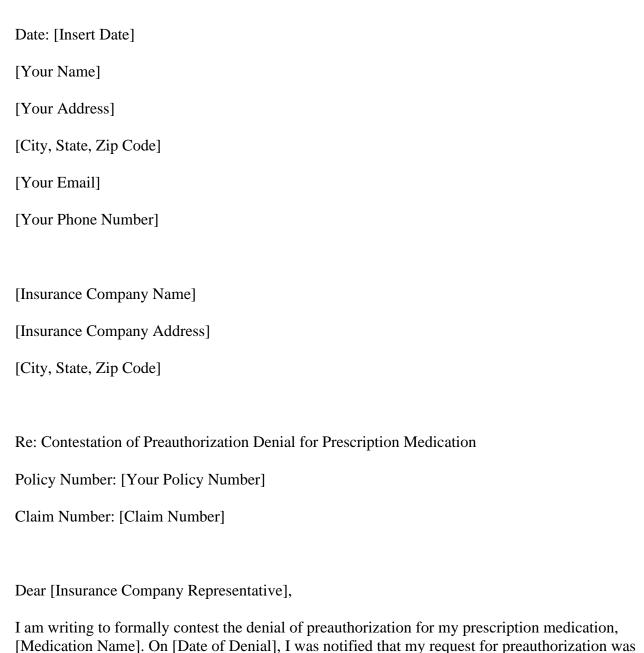
## **Letter of Contestation for Preauthorization**



I believe this decision should be reconsidered based on the following reasons:

• [Reason 1]

denied due to [reason for denial].

- [Reason 2]
- [Reason 3]

Attached to this letter are supporting documents, including medical records and a letter from my healthcare provider, Dr. [Doctor's Name], outlining the necessity of my prescribed medication.

I request a thorough review of my case and hope for a favorable reconsideration of the preauthorization process. Please feel free to contact me at [Your Phone Number] or [Your Email] for any further information.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]