

Letter of Contestation for Preauthorization

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]

Re: Contestation of Preauthorization Denial for Prescription Medication

Policy Number: [Your Policy Number]

Claim Number: [Claim Number]

Dear [Insurance Company Representative],

I am writing to formally contest the denial of preauthorization for my prescription medication, [Medication Name]. On [Date of Denial], I was notified that my request for preauthorization was denied due to [reason for denial].

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

- [Reason 1]
- [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)]