

Contest Letter for Preauthorization Denial

[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/Claims Department],

I am writing to formally contest the denial of preauthorization for a specialist consultation for my medical condition, [insert specific condition]. My request for preauthorization dated [insert date] was denied on [insert denial date], under claim number [insert claim number].

According to your letter, the denial was based on [insert reason for denial]. I believe this decision was made in error due to [explain reasons supporting your case, provide relevant medical information, and mention any supporting documents attached].

I kindly request a thorough review of my case, as the consultation with [Specialist's Name] is crucial for my health management and elaboration of necessary treatment options.

Please find enclosed the relevant documentation to support my request, including [list documents such as medical records, letters from healthcare providers, etc.].

I appreciate your attention to this matter and look forward to your prompt response.

Sincerely,
[Your Signature (if sending a hard copy)]
[Your Printed Name]