

# Health Insurance Denial Appeal

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 appeal the denial of coverage for rehabilitation services that were recommended by my healthcare provider, Dr. [Doctor's Name]. The reference number for this claim is [Claim Number]. I received your notification of denial dated [Denial Date], which stated that the services were not deemed medically necessary.

As outlined in Dr. [Doctor's Last Name]'s letter dated [Letter Date], these rehabilitation services are critical for my recovery from [Medical Condition or Procedure]. The denial contradicts the medical evaluation and treatment plan provided by my physician, which clearly states the necessity of these services for my health and well-being.

Attached to this letter, you will find the following supporting documents:

- Doctor's letter explaining the necessity of rehabilitation services
- Medical records relevant to my condition
- Denial notice from the insurance company

I kindly request a review of the claim and a reconsideration of the decision. It is essential for me to receive these services to avoid further deterioration of my condition and additional medical costs in the future.

Thank you for your attention to this matter. I look forward to your prompt response and a positive resolution to my appeal.

Sincerely,

[Your Name]