

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]

Re: Appeal for Denial of Treatment Approval

Policy Number: [Your Policy Number]

Claim Number: [Your Claim Number]

Dear [Insurance Company Representative's Name],

I am writing to formally appeal the recent denial of my request for treatment related to [specific treatment], which was submitted on [date of initial request]. I have been informed that the request has been delayed, and I believe this decision requires further review.

As outlined in my original request, the recommended treatment is medically necessary as determined by my healthcare provider, [Healthcare Provider's Name], who has documented the need for [brief description of diagnosis and treatment]. Enclosed with this letter are additional supporting documents from my provider, including medical records and relevant literature underscoring the effectiveness of the treatment.

I urge your team to reconsider the initial denial and expedite the review process so that I may receive the necessary care without further delay. Timely access to this treatment is crucial for my health and well-being.

Thank you for your attention to this matter. I am looking forward to your prompt response and a resolution to my appeal. Please do not hesitate to contact me at [your phone number] or [your email address] if you require any additional information.

Sincerely,

[Your Name]

Enclosures:

- Letter from [Healthcare Provider's Name]
- Medical Records
- Relevant Treatment Literature