

Appeal for Telemedicine Insurance Coverage

[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 Telemedicine Coverage - [Policy Number]

Dear [Insurance Company Representative],

I am writing to formally appeal the denial of coverage for telemedicine services that are essential for my mental health treatment. My recent appointments, which took place on [dates of service], were conducted via telemedicine due to [brief explanation of reason, e.g., pandemic, mobility issues].

These services were provided by [Provider's Name], a licensed mental health professional, and were vital for managing my [specific mental health condition]. The denial reference number is [Denial Reference Number].

According to my policy, mental health services, including telemedicine visits, should be covered under my current plan. I believe that the denial of coverage is inconsistent with the terms of my insurance policy.

I kindly request a review of my case and the reconsideration of the decision to deny coverage for these medically necessary services. Attached are supporting documents, including treatment notes, invoices, and my insurance policy details.

Thank you for your prompt attention to this matter. I look forward to your response.

Sincerely,

[Your Name]

[Your Policy Number]