

# Immediate Healthcare Coverage Appeal

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

## **Subject: Appeal for Immediate Healthcare Coverage**

Dear [Insurance Company Representative],

I am writing to formally appeal the denial of coverage for [specific treatment or service] that was recommended by my healthcare provider, [Doctor's Name], on [date of recommendation]. My policy number is [Policy Number].

The denial letter I received dated [denial letter date] stated that the coverage was denied due to [briefly state reason for denial]. I believe this decision requires reconsideration for the following reasons:

- [Reason 1: Provide supporting details]
- [Reason 2: Provide supporting details]
- [Reason 3: Provide supporting details]

This treatment/service is crucial for my health as it addresses [briefly explain why it is necessary]. I have attached the following documents to support my appeal:

- [Document 1: e.g., medical records]
- [Document 2: e.g., letter from your doctor]
- [Document 3: e.g., previous correspondence]

I kindly request that you review my appeal and approve coverage for [specific treatment or service] as soon as possible. I appreciate your attention to this urgent matter.

Thank you for your time and consideration. I look forward to your prompt response.

Sincerely,

[Your Name]