

Out-of-Network Treatment Justification Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear Claims Department,

I am writing to request a justification for my recent out-of-network treatment that I received on [Insert Treatment Date]. The services were provided by [Provider's Name], a specialist in [Specialty/Field], who is not within my insurance network.

The reason for seeking treatment from an out-of-network provider is [insert specific reason, e.g., lack of available specialists in-network, unique expertise of the provider, etc.]. After extensive research and recommendations, I determined that this treatment was essential for my [medical condition/health issue].

The following information has been gathered to support my request:

- Date of service: [Insert Date]
- Provider's name: [Provider's Name]
- Nature of treatment: [Describe treatment]
- Relevant medical records and referral letters: [Include if applicable]

I appreciate your understanding of my situation and request for a review of the treatment provided. I look forward to your prompt response and hope for a favorable consideration of my claim.

Sincerely,

[Your Name]