

Letter of Appeal for Pre-Authorization

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 Adjuster's Name or Customer Service],

I am writing to formally appeal the denial of pre-authorization for my [specific treatment or procedure] which was requested on [date of request] and denied on [date of denial]. The reference number for this case is [insert reference number].

The denial letter indicated that the request was not covered due to [reason for denial]. I respectfully disagree with this decision because [provide concise reasons supporting your appeal, including relevant medical necessity, supporting documents, or letters from healthcare providers].

Please find attached [list any supporting documents, such as medical records, letters from healthcare professionals, or relevant policy excerpts] that provide further information regarding the necessity of this treatment.

I appreciate your attention to this matter and urge you to reconsider the request for pre-authorization based on the provided documentation and my medical needs. I look forward to your prompt response.

Thank you for your time and consideration.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]