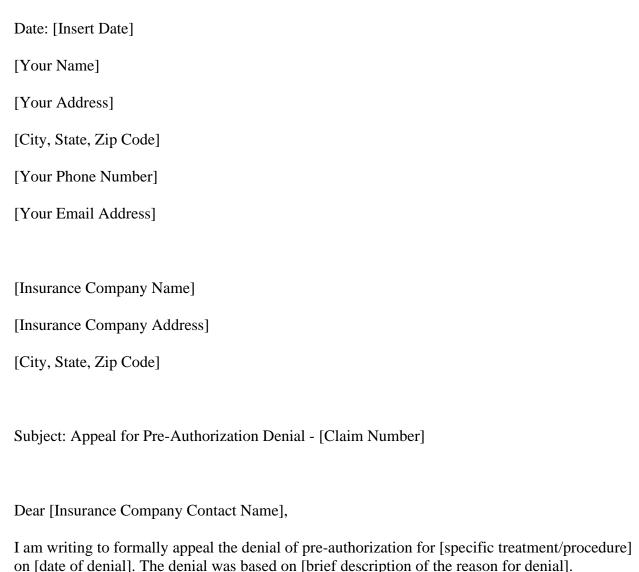
Insurance Pre-Authorization Appeal



I believe this decision should be reconsidered due to the following reasons:

- [Reason 1]
- [Reason 2]
- [Reason 3]

Attached are supporting documents including [list documents such as medical records, letters from doctors, etc.] that substantiate the medical necessity for the requested treatment.

I appreciate your attention to this matter and look forward to your prompt response. Please feel free to contact me at [your phone number] or [your email] for any further information.

Sincerely,

[Your Name]

[Your Policy Number]