

Insurance Pre-Authorization Appeal Letter

[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 Pre-Authorization Denial - [Patient's Name] [Policy Number]

Dear [Insurance Company Representative's Name],

I am writing to formally appeal the denial of pre-authorization for [specific medical service or procedure] that was submitted on [date of initial request]. The denial letter dated [date of denial letter] stated that the request was denied due to a lack of medical necessity.

This procedure is essential for [Patient's Name] due to [briefly explain the medical condition and urgency]. Attached are the medical records and letters from [Patient's physician or specialist] supporting the necessity of this procedure.

According to the American Medical Association's guidelines and the recommendations of [any relevant professional organizations], this treatment is not only appropriate but critical for the patient's health and quality of life.

Given the above information, I kindly request a thorough review of this appeal. I believe that upon review, you will see that the medical necessity is evident and warrants pre-authorization.

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

Sincerely,

[Your Name]
[Your Position, if applicable]
[Your Relationship to the Patient]

Attachments: [List any documents enclosed]