

Insurance Pre-Authorization Appeal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative],

I am writing to formally appeal the denial of pre-authorization for the outpatient procedure, [Procedure Name], for my patient, [Patient's Name], with the policy number [Policy Number]. The denial was communicated to me on [Date of Denial].

The procedure is medically necessary as outlined by [Physician's Name] in the documentation provided, and I believe it meets the criteria for coverage under [Name of Insurance Plan]. I have included supporting documents, including [list of documents: medical records, letters from physicians, etc.], to demonstrate the necessity of this procedure.

I kindly request that you review the enclosed documents and reassess the decision regarding this pre-authorization. My patient's health depends on timely access to this service, and I appreciate your prompt attention to this matter.

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Title/Position]

[Your Clinic/Hospital Name]