

Insurance Pre-Authorization Denial Appeal

[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 (Claim #[Claim Number])

Dear [Insurance Company's Appeals Department],

I am writing to formally appeal the denial of the pre-authorization request submitted on [Date of Original Request] for [Description of Procedure/Treatment] for my [Relationship, e.g., son, daughter, self, etc.], [Patient's Name], who is a member of your insurance plan under policy number [Policy Number].

The denial notice dated [Date of Denial Notice] indicated that the request was denied due to [Reason for Denial]. However, I believe this decision should be reviewed for the following reasons:

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

Attached to this letter, you will find the following documentation to support my appeal:

- [Document 1]
- [Document 2]
- [Document 3]

I kindly request a thorough review of this case and a reconsideration of the decision made. I look forward to your prompt response and am hopeful for a favorable resolution to this appeal.

Thank you for your attention to this matter.

Sincerely,

[Your Name]