

Insurance Pre-Authorization Follow-Up 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 - [Patient's Name]

Dear [Insurance Company Representative],

I am writing to formally appeal the denial of pre-authorization for [procedure/treatment name] for [Patient's Name], policy number [policy number], which was submitted on [date of submission].

The reasoning provided for the denial was [reason stated by insurance]. However, I believe this decision is not in alignment with the medical necessities and the guidelines set forth by your organization.

[Include additional details supporting the need for the procedure, any relevant medical history, and how it impacts the patient's health. Attach any supporting documents here.]

I kindly ask that you review the enclosed information and reconsider your decision regarding the pre-authorization of [procedure/treatment name]. It is crucial for [Patient's Name] to undergo this treatment to ensure their continued health and well-being.

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

Sincerely,

[Your Name]