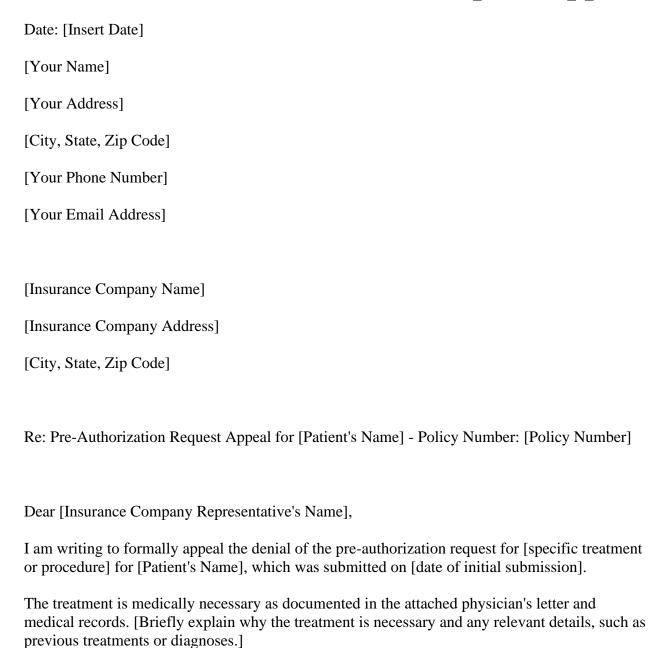
Insurance Pre-Authorization Request Appeal



We kindly request that you reconsider this decision based on the additional information provided. [Mention any specific policy terms or clinical guidelines that support your case.]

Thank you for your attention to this important matter. We appreciate your prompt review of this appeal and look forward to your response.

Sincerely,
[Your Name]
[Your Title, if applicable]
[Your Relationship to the Patient]
[Your Signature (if mailing a hard copy)]

Attachments: [List any attached documents such as medical records, letters from healthcare providers, etc.]