

Urgent Appeal for Pre-Authorization

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

Date: [Insert Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Re: Urgent Appeal for Pre-Authorization - Policy # [Policy Number]

Dear [Insurance Company Representative's Name],

I am writing to formally appeal the denial of pre-authorization for [specific treatment, medication, or procedure], which was denied on [date of denial]. This treatment is medically necessary as outlined in the attached documents from my healthcare provider.

The denial of this service is particularly concerning due to [briefly explain reasons, e.g., severity of condition, risk factors]. Delaying this treatment may lead to [explain potential consequences, e.g., deterioration of health].

Attached are [list any attached documents, such as letters from doctor's office, medical records, etc.] to support this appeal. I kindly urge you to re-evaluate my case so that I can receive the crucial care I need.

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]