

Appeal for Insurance Claim - Allergy Testing Results

Date: [Insert Date]

[Your Name]
[Your Address]
[City, State, Zip Code]

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Dear [Claims Adjuster's Name],

I am writing to formally appeal the denial of my insurance claim for allergy testing performed on [Date of Testing]. After receiving your letter of denial dated [Date of Denial], I reviewed the reasons for the denial and would like to provide additional information and context.

The allergy testing was conducted under the recommendation of my primary care physician, [Physician's Name], to diagnose [specific allergies or conditions]. The tests confirmed that I am allergic to [List Specific Allergens], which has significant implications for my health and quality of life.

According to my policy [Policy Number], allergy testing is covered under [specific section or clause]. I believe my case meets the necessary criteria for coverage, as the tests were medically necessary. I have attached supporting documentation, including a letter from my physician, test results, and relevant policy excerpts.

I kindly request that you reconsider my claim based on the provided information. My health is contingent upon managing these allergies effectively, and access to medically necessary testing is crucial.

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

Sincerely,

[Your Name]
[Your Contact Information]

Attachments: [List of Attached Documents]