

Durable Medical Equipment Authorization Appeal

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Date]

[Insurance Company Name]

[Claims Department Address]

[City, State, Zip Code]

Subject: Appeal for Durable Medical Equipment Authorization Denial

Dear [Claims Department/Specific Contact Name],

I am writing to formally appeal the denial of authorization for the durable medical equipment (DME) [specific equipment name], requested by my physician, Dr. [Physician's Name], on [Date of Request]. The authorization was denied on [Date of Denial] under Reference Number: [Reference Number].

The denial was based on [briefly state reason for denial, e.g., "the equipment is not deemed medically necessary"]. However, I would like to provide further information that supports the medical necessity of this equipment for my health condition.

As per Dr. [Physician's Name]'s evaluation, [insert a brief explanation of your medical condition, the need for the DME, and any supporting evidence from your healthcare provider]. This equipment is vital for [explain how it will help your condition/lifestyle].

Enclosed with this appeal, you will find relevant documentation, including:

- Letter from Dr. [Physician's Name]
- Medical records supporting the need for DME

- Any other pertinent documentation

I kindly request that you review my case again, considering the attached medical evidence, and approve the authorization for the [specific equipment name].

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

Sincerely,

[Your Signature (if sending by mail)]

[Your Printed Name]