

Appeal for Insomnia Diagnostic Evaluation

[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 Coverage of Insomnia Diagnostic Evaluation

Dear [Insurance Company Representative's Name],

I am writing to formally appeal the denial of coverage for my insomnia diagnostic evaluation, which is crucial for identifying the underlying causes of my sleep disturbances.

Despite my ongoing efforts to manage my symptoms through lifestyle changes and over-the-counter remedies, I continue to experience persistent insomnia that significantly affects my daily life. My healthcare provider, [Doctor's Name], has recommended a comprehensive diagnostic evaluation, which includes [specific tests or evaluations], to determine the best course of treatment.

I believe the denial was made based on [specific reason given for denial], however, I would like to present evidence that supports the medical necessity of this evaluation. Enclosed are my medical records, a letter from my doctor outlining the necessity of the evaluation, and any previous treatments I have undergone.

I kindly request you to reconsider your decision and approve coverage for the diagnostic evaluation. Addressing my insomnia is imperative not only for my health but also for preventing further medical complications.

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

Sincerely,

[Your Name]