

Insurance Appeal Letter for Sleep Evaluation Coverage

[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 Insurance Coverage of Sleep Evaluation

Dear [Insurance Company Representative's Name or "Claims Department"],

I am writing to formally appeal the denial of coverage for the sleep evaluation that was recommended by my physician, Dr. [Doctor's Name], on [Date of Recommendation]. My patient ID number is [Your Patient ID], and the claim number for this evaluation is [Claim Number].

The sleep evaluation was deemed medically necessary because [explain the reason such as symptoms, diagnosis, and how the evaluation is critical for treatment]. Despite my health care provider's recommendation, my claim was denied on [Date of Denial] due to [reason for denial, e.g., lack of medical necessity].

I firmly believe that the sleep evaluation is essential for the following reasons:

- [Reason 1: e.g., specific symptoms and impact on daily life]
- [Reason 2: e.g., potential diagnosis]
- [Reason 3: e.g., previous treatments attempted]

Attached are the relevant medical records, including [list documents such as physician's notes, test results, etc.], which further substantiate my need for this evaluation.

I respectfully request that you review the information provided and reconsider your initial decision. I believe that with the proper evaluation, I can receive the necessary treatment and significantly improve my quality of life.

Thank you for your attention to this matter. I look forward to your prompt response. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you have any questions or require further information.

Sincerely,

[Your Name]