

# Letter of Appeal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

To Whom It May Concern,

I am writing to formally appeal the denial of insurance coverage for my hearing loss evaluation, which was submitted on [Insert Submission Date]. My policy number is [Insert Policy Number].

Following my recent consultation with [Doctor's Name], I was diagnosed with [specific hearing loss condition details]. The evaluation is essential for determining an appropriate treatment plan, which is crucial for restoring my quality of life.

According to my policy, coverage for necessary medical evaluations is included, and I believe that the denial was made in error. I have attached relevant medical records and documentation from my audiologist, which support my claim.

I kindly request a thorough review of my case. I believe that with the necessary information taken into account, the decision will reflect the importance of this evaluation for my health and well-being.

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

Sincerely,

[Your Name]