

# Request for Appeal: Extended Health Insurance Coverage

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

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

Dear [Claims Adjuster's Name],

Subject: Appeal for Extended Health Insurance Coverage for [Patient's Name and Policy Number]

I am writing to formally appeal the decision made regarding the denial of coverage for [specific treatment or service] recommended by [doctor's name] on [date]. Upon reviewing the policy documents, I believe that this treatment is necessary for [Patient's Name] due to [brief explanation of medical need].

According to [specific policy clause or coverage guideline], the treatment is covered under [reason]. I have attached supporting documents, including the doctor's recommendation, medical records, and any other relevant information.

I kindly request that you review the attached documentation and reconsider your decision to deny coverage. [Patient's Name] is depending on this treatment for [explain importance] and I appreciate your prompt attention to this matter.

Thank you for your understanding. I look forward to your favorable response.

Sincerely,  
[Your Name]